# Survey of Insurance Status - 2002

Conducted by

The Center for Survey Research University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C767

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Your answers are completely confidential. The information from this study will not be presented or published in any way that would permit identification of you or your household. Your answers will be combined with other answers for statistical analysis.
☐ It is important that your answers be accurate. Take your time and be sure to ask me if you are not sure what a question means or what kind of answer is wanted.
☐ It is very important that you answer as honestly and accurately as you can.
☐ If there is any question you would prefer not to answer, just tell me and I will go on to the next question.
☐ Your participation is, of course, voluntary.
☐ Do you have any questions before we continue?

Before we begin, there are a couple of important things I need to tell you.

## **S1.** Number of persons in household:\_\_\_\_\_

				QUESTION			INSURANCE	POLICY HOLDER
PERSON	S2 AGE	<b>S3</b> GENDER	S3A EDUCATION	<b>S3B</b> Marital	S4 EMPLOYMENT	<b>S</b> 5	1=PLAN 1 2=PLAN 2, ETC. U=UNINSURED	PLACE _ IN CORRECT BOX(ES)
1		[ ] MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ]> 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO	INFORMANT		
2		[ ] MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ] > 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
3		[ ] MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ] > 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
4		[ ] MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ] > 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
5		[ ]MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ]> 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ] YES [ ] NO			
6		[ ]MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ] > 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
7		[ ] MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ] > 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
8		[ ]MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ]> 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			
9	_	[ ]MALE [ ]FEMALE	[ ]< HS [ ] HS [ ] SOME COLL. [ ] 4 YR DEG. [ ]> 4 YR DEG.	[ ] MARRIED [ ] NEVER MARRIED [ ] DIVORCED [ ] SEPARATED [ ] WIDOWED	[ ]YES [ ]NO			

SECTION	YES NEEDED	NO	PAGE	COMPLETED
INSURED SECTION	[ ]#PLANS?	[ ]	15	[ ]
UNINSURED ADULT SECTIONS	[ ] HOW MANY?	[ ]	44	[ ]
UNINSURED CHILD SECTION	[ ]	[ ]	93	[ ]
65 AND OVER SECTION	[ ]	[ ]	110	[ ]
DEMOGRAPHIC SECTION			113	[ ]

RANDOM SELECTION OF HEALTH INSURANCE PLAN:	(SEE PAGE 15
RANDOM SELECTION OF ADULT FROM INSURANCE PLAN:	(SEE PAGE 39
RANDOM SELECTION OF PERSON 65+:	(SEE PAGE 110

TIME	NOW:	
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### SCREENER SECTION

S1. We are trying to learn about the health insurance of all people living in selected households. As a first step, I need to get a count of how many people live in your household.

We want you to include all family members, boarders, unrelated people, and anyone who is away only temporarily, such as on vacation or in the hospital.

Please do <u>not</u> include anyone living somewhere else now, such as at school or away in the service.

So, **including** yourself, how many persons live in your household?

# [RECORD ANSWER IN QUESTION S1. ON FLAP -- IF 10 OR MORE, HOUSEHOLD IS INELIGIBLE, TERMINATE INTERVIEW]

I need to know just a few pieces of information about each of these people. I'd like to begin with you.

[ASK THE FOLLOWING QUESTIONS ABOUT EACH PERSON IN THE HOUSEHOLD BEGINNING WITH HOUSEHOLD INFORMANT, THEN RECORD ANSWERS IN QUESTIONS **\$2** THROUGH **\$5** ON FLAP]

- **S2.** How old were you/was this person on your/their last birthday?
- **S3.** [Ask if not sure] Is this person male or female?
- **S3a.** [If 18 or over] Is the highest grade or level of school that you have/this person has completed less than high school, high school graduate, some college including a 2-year degree, a 4-year college degree, or school beyond a 4-year college degree?
- **S3b.** [If 18 or over] Are you/Is this person currently married, never been married, divorced, separated, or widowed?
- **S4.** [If 18 or over] Are you/they currently working at a job for pay?
- **S5**. How is the person related to you?

# [ASK QUESTION S6 ABOUT INFORMANT]

S6.	I now have a few questions about health insurance coverage. Do <u>you</u> currently have any kind of health insurance coverage at all?
	[ ] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14) [ ] NO
S6a.	Do you currently have any health insurance coverage through government programs such as, Medicare, Medicaid, or MassHealth?  [ ] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)  [ ] NO
S6b.	So you currently do <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ](ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)
S7.	Of the other people you mentioned as living in this household, could you please tell me which ones are covered by the same health insurance policy or program as yourself? (Probe: Anyone else?)
	[ENTER '1' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S8.	Health insurance policies are usually held in one person's name, could you tell under which person your health insurance policy is held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S9.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10a.
S10a.	I've noticed that I do not know the health insurance status of all members of your household.
	Do you consider yourself to be knowledgeable enough about other household members to answer these health insurance questions about them?

Γ	YES	(CONTINUE	WITH Q	UESTION	S10aa.)
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[ ] NO (FIND OUT WHO IS KNOWLEDGEABLE AND ARRANGE TO CALL OR VISIT THEM)

S10aa.	Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?  ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '2' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S10b) [ ] NO
S10a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '2' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S10b) [ ] NO
S10a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	<ul> <li>YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S11)</li> <li>NO - HAS INSURANCE (ENTER '2' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S10b)</li> </ul>
S10b.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10c.
S10c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '2' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S10d.	(Health insurance policies are usually held in one person's name.) Could you tell me under which person this health insurance policy is being held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S11.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S11a.
"Please	e bear with me while I record the information you have given me."

S11a.	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '3' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S11b.) [ ] NO
S11a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '3' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S11b.) [ ] NO
S11a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S12)
	[ ] NO - HAS INSURANCE (ENTER '3' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S11b)
S11b.	GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S11c.]
S11c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '3' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S11d.	(Health insurance policies are usually held in one person's name.) Could you tell me under which person this health insurance policy is being held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S12.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S12a.

"Please bear with me while I record the information you have given me."

S12a.	Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?
	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '4' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S12b.) [ ] NO
S12a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '4' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S12b.) [ ] NO
S12a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION \$13) [ ] NO - HAS INSURANCE (ENTER '4' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION \$12b)
S12b.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S12c.
S12c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '4' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S12d.	Health insurance policies are usually held in one person's name. Could you tell me under which person this health insurance policy is being held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S13.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS

IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S13a.

"Please	e bear with me while I record the information you have given me."
S13a. I	Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?
	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '5' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S13b.) [ ] NO
S13a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '5' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S13b.) [ ] NO
S13a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?  [ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S14)  [ ] NO - HAS INSURANCE (ENTER '5' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S13b)
S13b.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S13c.
S13c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '5' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S13d.	Health insurance policies are usually held in one person's name. Could you tell me under which person this health insurance policy is being held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S14.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS

"Please bear with me while I record the information you have given me."

IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S14a.

S14a.	Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?
	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S14b.) [ ] NO
S14a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION \$14b.) [ ] NO
S14a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S15)
	[ ] NO - HAS INSURANCE (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION \$14b)
S14b.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S14c.
S14c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '6' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S14d.	Health insurance policies are usually held in one person's name. Could you tell me under which person this health insurance policy is being held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]
S15.	INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN GO TO OUESTION SE ON PAGE 14 IF NOT ASK OUESTION \$15a

"Please bear with me while I record the information you have given me."

	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' ON POLICY HOLDER COLUMN OF FLAP]
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
S15d.	Health insurance policies are usually held in one person's name. Could you tell under which person this health insurance policy is held?
	[ENTER '7' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S15c.	Which other household members are covered by the same health insurance policy or program as this person?
S15b.	[INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S15c.]
	[ ] NO - HAS INSURANCE (ENTER '7' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S15b)
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S16)
S15a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES (ENTER '7' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S15b.) [ ] NO
S15a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '7' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S15b.) [ ] NO
	ENTER PERSON NUMBER BEING ASKED ABOUT:
S15a.	Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

[INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS

KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S16a.]

S16.

'Pleaso S16a.	e bear with me while I record the information you have given me."  Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?
	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '8' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S16b.) [ ] NO
S16a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '8' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S16b.) [ ] NO
S16a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO
	QUESTION S17)  [ ] NO - HAS INSURANCE (ENTER '8' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S16b)
S16b.	[INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S16c.]
S16c.	Which other household members are covered by the same health insurance policy or program as this person?
	[ENTER '8' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]
S16d.	Health insurance policies are usually held in one person's name. Could you tell under which person this health insurance policy is held?
	[PLACE '_' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]
	[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]

[INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS

S17.

13

# KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S17a.]

	e bear with me while I record the information you have given me."
S17a.	Finally, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?
	ENTER PERSON NUMBER BEING ASKED ABOUT:
	[ ] YES (ENTER '9' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION SE ON PAGE 14)
S17a1.	Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?
	[ ] YES (ENTER '9' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION SE ON PAGE 14)
	[ ] NO
S17a2.	So this person does <b>not</b> have <b>any</b> health insurance coverage at all. Is that correct?
	[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION SE ON PAGE 14)
	[ ] NO - HAS INSURANCE (ENTER '9' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTIONS SE ON PAGE 14)

SE.	[INTERVIEWER CHECK: REVIEW FLAP AND MAKE SURE YOU HAVE VALID ENTRIES FOR EACH PERSON IN QUESTIONS S2, S3, S3A, S3B, S4, S5 AND INSURANCE COLUMN. ALSO MAKE SURE YOU HAVE A '_' OR 'OUT' FOR EACH HEALTH INSURANCE PLAN IN POLICY HOLDER COLUMN. IF NOT, PROBE TO COMPLETE MISSING DATA]
	[INTERVIEWER CHECK: IF AT LEAST <u>ONE</u> PERSON UNDER 65 IS COVERED BY HEALTH INSURANCE, MARK "YES" TO INSURANCE SECTION NEEDED ON FLAP ELSE MARK "NO"]
	[INTERVIEWER CHECK: IF AT LEAST <u>ONE</u> PERSON FROM 18 YEARS OLD TO 64 YEARS OLD IS UNINSURED, MARK "YES" TO UNINSURED ADULT SECTIONS NEEDED ON FLAP ELSE MARK "NO"]
	IF "YES" COUNT NUMBER OF "U" CODES IN INSURANCE COLUMN ON FLAP FOR PEOPLE 18 THROUGH 64 YEARS OLD. ENTER NUMBER IN "HOW MANY?" QUESTION ON FLAP]
	[INTERVIEWER CHECK: IF AT LEAST <u>ONE</u> PERSON UNDER 18 YEARS OLD IS UNINSURED, MARK "YES" TO UNINSURED CHILD SECTION NEEDED ON FLAP ELSE MARK "NO"]
	[INTERVIEWER CHECK: IF THERE IS AT LEAST <u>ONE</u> PERSON 65 YEARS OLD OR OLDER IN HOUSEHOLD, MARK "YES" TO 65 AND OVER SECTION NEEDED ON FLAP ELSE MARK "NO"]
	[REFER TO FLAP FOR APPROPRIATE SECTIONS TO COMPLETE. DO NEXT TEL QUESTIONS BELOW BEFORE PROCEEDING TO THE NEXT SECTION ]
tel1.	I would like to make sure I dialed the right telephone number.
	Is this ([fill AREA]) [fill PRFX]-[fill SUFX:0]?
	<ul> <li>[ ] Yes</li> <li>[ ] No 1ST TIME DIALED [THANK R, HANG UP AND REDIAL]</li> <li>[ ] No 2ND TIME DIALED [THANK R PROBLEM, TALK TO SUPERVISOR]</li> </ul>
tel7.	Does this telephone number reach a private residence such as a house or apartment or is it a group living arrangement such as a dormitory or boarding house?
	<ul><li>[ ] PRIVATE RESIDENCE</li><li>[ ] GROUP QUARTERS What type of group living arrangement is this?</li></ul>

tel6.	Is this (your) main residence and not a vacation home?
	[ ] YES [ ] NO [GOTO TEL8] [ ] NA
tel2.	Not including cell phones, do you have any phone numbers in your home in addition to this one?
	[ ] YES [GO TO TEL3] [ ] NO
tel3.	How many additional phone numbers (not including cell phones) do you have in your home?
	[ ] NO ADDITIONAL PHONE NUMBERS [GOTO TEL6] [ ] ADDITIONAL PHONE NUMBER(S) ENTER # [GOTO TEL3A] [ ] DON'T KNOW [GOTO TEL6] [ ] NA [GOTO TEL6]
****	**************************************
TO 2	QUESTION tel4 and tel 5 FOR EACH ADDITIONAL TELEPHONE NUMBER IN THE HOUSEHOLD, UP 2 ADDITIONAL (OR 3 TOTAL) NUMBERS. <b>DO NOT ASK FOR CELL PHONES.</b>
tel4.	Is your second phone number for (not including cell phones)
	<ul> <li>[ ] Home use</li> <li>[ ] Business and home use, or</li> <li>[ ] Business use only</li> <li>[ ] FAX/MODEM USE</li> <li>[ ] DON'T KNOW</li> <li>[ ] NA</li> </ul>
tel5.	[IF TEL3 IS ONE OR LESS GO TO TEL6]
	Is your third phone number for
	<ul> <li>[ ] Home use</li> <li>[ ] Business and home use, or</li> <li>[ ] Business use only</li> <li>[ ] FAX/MODEM USE</li> <li>[ ] DON'T KNOW</li> </ul>

	[ ] NA
tel8.	Have you had any interruptions in telephone service in the last 12 months?
	[ ]YES [ ]NO (GO NEXT SECTION)
tel8a.	Did the longest interruption in service last for less than 1 week, from 1 to 2 weeks, from 2 to 4 weeks, or for more than 4 weeks?
	[ ] LESS THAN 1 WEEK (GO NEXT SECTION) [ ] 1 TO 2 WEEKS (GO NEXT SECTION) [ ] 2 TO 4 WEEKS (GO NEXT SECTION) [ ] MORE THAN 4 WEEKS [ ] DON'T KNOW (GO NEXT SECTION)
tel8b.	In the last 12 months, about how many months in total were you without a working phone?
	ENTER MONTHS (TO THE NEAREST HALF MONTH):

### **INSURED SECTION**

	CHECK 1	INS1:	SECTION	CHECK
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ENTER HIGHEST NUMBER RECORDED IN INSURANCE COLUMN ON FLAP:	A:
ENTER NUMBER OF INSURANCE PLANS WHICH <u>ONLY</u> COVER PERSONS 65 YEARS OF AGE OR OLDER:	B:
SUBTRACT B FROM A (A-B):	C:
IF NUMBER IN C IS 0, YOU SHOULDN'T DO AN INSURED SECTION, REFER T	O FLAP FOR NEXT

SECTION NEEDED

IF NUMBER IN C IS GREATER THAN 0, YOU MUST DO AN INSURED SECTION

#### **CHECK INS2: PLAN SELECTION**

CIRCLE NUMBER OF ELIGIBLE PLANS (FROM C: ABOVE) IN LEFT HAND VERTICAL COLUMN BELOW

CIRCLE KISH TABLE PLAN NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW

PLACE FINGER ON CIRCLED NUMBER OF PLANS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO COLUMN WHICH HAS CIRCLED KISH TABLE PLAN NUMBER, CIRCLE SELECTED PLAN INDICATOR INSIDE TABLE

ENTER SELECTED PLAN ON FLAP

NUMBER OF				KISH	I TABLE I	PLAN NU	JMBER (I	ROM LA	BEL)			
PLANS (FROM C:	1	2	3	4	5	6	7	8	9	10	11	12
ABOVE				SELECT	N-TH LO	WEST N	UMBERE	D ELIGIE	BLE PLAN	٧		
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5

6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

### **INSURED SECTION**

I.	<b>Employment and Insurance</b>		
A1.	[INTERVIEWER CHECK: E INFORMANT:		OF PERSON ACTING AS HOUSEHOLD
	UNLESS THE POLICY HOL THE POLICY CAN BE SELE	LDER IS NOT IN THE HOLE ECTED; <b>IF NO PERSONS</b>	ASKED FIRST ABOUT THE POLICY HOLDER, JSEHOLD, THEN ANY ADULT COVERED BY BETWEEN 18 AND 64 COVERED BY POLICY, RED IN HH ARE 65+ SKIP TO SENIOR SECT.
A1A.	[INTERVIEWER CHECK: E		OF POLICY HOLDER/SELECTED
	<b>9</b> 1	-	ld covered by) the health insurance which bout you/the [age] year old [gender].
A2.	[IF EMPLOYED; GO TO Q	UESTION A3]	
	In what month and year did yo	ou/he/she last work at a job	for pay?
	In what month and year did you MONTH:	J	
A2A.		YEAR:	[ ] NEVER WORKED

A2B.	What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	[ ] LOOKING FOR WORK [ ] DISABLED [ ] RETIRED [ ] ILL [ ] IN SCHOOL [ ] TAKING CARE OF A HOUSE OR FAMILY [ ] SOMETHING ELSE ▶  A2C. What is that?
[ <b>GO</b> ]	ΓΟ QUESTION A10a. ON PAGE 20]
A3.	You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or both?
	<ul> <li>[ ] SELF-EMPLOYED (GO TO A6)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED</li> </ul>
A4.	(Excluding self employment) Do you/Does he/she currently have more than one employer?
	[ ] YES [ ] NO
A5.	[IF A4=NO THEN GO TO A6] Do you/Does he/she usually work at least 35 hours per week for any one employer?
	[ ]YES [ ]NO
A6.	(Considering all the jobs you have/he has/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?
	HOURS PER WEEK:

## [IF POLICY HOLDER, ASK A6a., ELSE GO TO A6a1.]

A6a. Do you/Does he/she receive this health insurance coverage through your/his/her employment?

	[ ] YES (GO TO A6b) [ ] NO					
<b>A</b> 6a1.	Does your/his/her employer/I its/their employees?	Oo any of your/his/her employers curr	ently offer he	ealth insur	rance coverage	to any of
	[ ] YES [ ] NO (GO TO QUES [ ] DON'T KNOW (G	ΓΙΟΝ A6b) Ο ΤΟ QUESTION A6b)				
A6a2.	If you/he/she wanted to, could you/his/her employer?	I you/he/she currently be insured by the	ne health insu	rance cov	erage offered by	y
	[ ] YES [ ] NO (GO TO QUES' [ ] DON'T KNOW (G	TION A6a6) D TO A6b)				
A6a3.	Is this employer offered healt	h insurance just for yourself/himself/h	erself or coul	ld it be for	r your/his/her f	amily?
	[ ] JUST SELF [ ] FAMILY [ ] DON'T KNOW					
A6a4.	For each of the following rea insurance coverage.	sons, please tell me if it is a reason wh	ny you do/he	does/she o	loes not get this	s health
			YES	<u>NO</u>	DON'T <u>KNOW</u>	
		expensive?	[ ]	[ ]	[]	
		enefits offered through this health insufficient to meet your/his/her	[ ]	[ ]	[ ]	
	c. Have you	/Has he/she traded health insurance er benefit such as higher pay?	[ ]	[ ]	[ ]	
A6a5.	Is there any other reason you	do/he does/she does not get this healt	th insurance of	coverage?		
	[ ] YES _ [ ] NO _	What are those reasons? (Probe for	up to 3 reas	ons)		

[GO TO QUESTION A6b]

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	-											
						<u>YI</u>	<u>ES</u>	N	$\cap$	DO:		
	a.		/Has he/Has s gh for the en			[	]	[		[		
	b.	Is your/his	s/her specific r health insur			[	]	[	]	[	]	
	c.	Do you/D hours per	oes he/Does s week or weel insurance?			[	]	[	]	[	]	
	d.	Do you/D condition	oes he/Does that makes y insurance?			[	]	[	]	[	]	
A6a7.	Is there some other	r reason you	/he/she canno	ot get this	nealth insurar	nce co	verag	e?				
	[ ] YES [ ] NO	_	What are the	ose reasons	? (Probe for	up to	3 rea	sons)	. <u> </u>			
[GO T	O QUESTION A6b	]										
A6b.	IF MORE THAN Please answer the coverage.		` ,							` /		
	IF MORE THAN (A6a1.), READ: Pto obtain health in	lease answer	the following									
	IF MORE THAN Please answer the		` ′				JGH I	EMPI	OYN	MENT	(A6a.)	, READ:
	OTHERWISE GO	TO A7										
A7.	Considering <u>all</u> the employed by this											
	[ ] LESS TH [ ] 10 – 49 [ ] 50 – 99	AN 10		[ ] 50 [ ] 1,0	0 – 499 0 – 999 000 OR MOR ON'T KNOW							
A7a.	Considering just the this single location											company at

A6a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance

coverage?

		MONTH: VEAR		I INEVER WORKED
A10b1		In what month and year did you/		
A 101 1		NTER PERSON NUMBER:		.1
A10b1		I now need to ask a few questions	•	e [age] year old [gender].
	[	] NO (GO TO QUESTION A10	0b1)	
	[	] YES (GO TO QUESTION A1	4 ON PAGE	31)
A10a.	PE	ERSONS IN THIS PLAN WHO A	RE 18 OR O	QUESTIONS ABOUT THE EMPLOYMENT OF ALL LDER. HAS EMPLOYMENT INFORMATION BEEN THE HOUSEHOLD COVERED BY THIS PLAN?]
	[ [ [	] LESS THAN 1 YEAR ] 1-5 YEARS ] MORE THAN 5 YEARS ] DON'T KNOW		
A10.	На	ave you/has he/she worked for this	company for	less than one year, 1 to 5 years, or more than 5 years?
A9.		hat kind of work do you/does he/slour/his/her duties or responsibilities		what is your/his/her occupation?[Probe: What are
A8.	W	hat kind of industry is this? [Prob	e: What do th	ey do or make?]
		[ ] LESS THAN 10 [ ] 10 – 49 [ ] 50 – 99	[ ]	100 – 499 500 – 999 1000 OR MORE DON'T KNOW

A10b2	Do you/Does he/she currently want a job, either full or part time?
	<ul> <li>YES OR MAYBE, IT DEPENDS</li> <li>NO</li> <li>RETIRED</li> <li>DISABLED</li> <li>UNABLE TO WORK</li> <li>DON'T KNOW</li> </ul>
A10b3	What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	<ul> <li>[ ] LOOKING FOR WORK</li> <li>[ ] DISABLED</li> <li>[ ] RETIRED</li> <li>[ ] ILL</li> <li>[ ] IN SCHOOL</li> <li>[ ] TAKING CARE OF A HOUSE OR FAMILY</li> <li>[ ] SOMETHING ELSE ▲</li> <li>A10b4. What is that?</li> </ul>
[GO T	O QUESTION A11a. ON PAGE 21]
A10c.	Are you/Is he/she self-employed, employed by someone else, or both?
	<ul> <li>[ ] SELF-EMPLOYED (GO TO A10f)</li> <li>[ ] EMPLOYED BY SOMEONE ELSE</li> <li>[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED</li> </ul>
A10d.	(Excluding self employment) Do you/Does he/she currently have more than one employer?
	[ ] YES [ ] NO
A10e.	[IF A10d=NO THEN GO TO A10f] Do you/Does he/she usually work at least 35 hours per week for any one employer?
	[ ]YES [ ]NO
A10f.	Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per

week do you/does he/she usually work?

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	HOURS PER WE	EEK:	<del></del>				
10g.	Do you/Does he/sh	ne receive t	his health insurance coverage through	gh your/his/h	er employn	nent?	
	[ ] YES (GO	O TO A10h)					
A10g1	. Does your/his/her its/their employees		o any of your/his/her employers cu	rrently offer	health insu	rance coverage	to any of
	[ ] YES [ ] NO (GO [ ] DON'T F	TO QUES' KNOW (GO	ΓΙΟΝ Α10h) Ο ΤΟ QUESTION Α10h)				
A10g2	. If you/he/she want you/his/her employ		you/he/she currently be insured by	the health ins	urance cov	erage offered b	у
	[ ] YES [ ] NO (GO [ ] DON'T K	TO QUEST KNOW (GO	TON A10g6) O TO A10h)				
A10g3	. Is this employer of	ffered healt	n insurance just for yourself/himself	herself or co	uld it be fo	or your/his/her	family?
	[ ] JUST SEI [ ] Family [ ] Don't k						
A10g4	. For each of the fol insurance coverage		ons, please tell me if it is a reason v	why you do/he	e does/she	does not get thi	s health
				<u>YES</u>	<u>NO</u>	DON'T <u>KNOW</u>	
	a.	Is it too e	expensive?	[ ]	[ ]	[ ]	
	b.		enefits offered through this health insufficient to meet your/his/her	[ ]	[ ]	[ ]	
	c.	Have you	'Has he/she traded health insurance or benefit such as higher pay?	[ ]	[ ]	[ ]	
A10g5	. Is there any other	reason you	do/he does/she does not get this hea	alth insurance	coverage?		
	[ ] YES [ ] NO	-	What are those reasons? (Probe f	•	asons)		

[GO TO QUESTION A10h]

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coverage?	_	-				_		
					<u>YES</u>	NO	DON'T	
a.	long enough	n for the em			[ ]	[]		
b.	Is your/his/liqualify for	her specific health insura			[ ]	[ ]	[ ]	
c.	Do you/Doo hours per w	es he/Does s eek or week			[ ]	[ ]	[ ]	
d.	Do you/Doe condition the	es he/Does s nat makes yo			[ ]	[ ]	[ ]	
7. Is there some other	reason you/l	ne/she canno	t get this	health insurar	nce coverag	e?		
[ ] YES [ ] NO	_ V			•	-	sons)		
. IF MORE THAN C	-	YER (A10d.	) <u>AND</u> E	LIGIBLE FOR	R INSURAN	CE THRO	OUGH EMPLO	DYMENT
Please answer the f		stions about	the comp	any through w	vhich you ar	e/he/she is	eligible to ob	tain health
			) <u>AND</u> <u>N</u>	<u>OT</u> ELIGIBLI	E FOR INSU	JRANCE	THROUGH	
Please answer the f	following que	stions about	your/thei	r main employ	yer.			
OTHERWISE GO	TO A10i							
[ ] LESS THA [ ] 10 – 49 [ ] 50 – 99	AN 10		[ ] 5 [ ] 1	00 – 999 ,000 OR MOR				
Γ	a. b. c. d. 7. Is there some other [ ] YES [ ] NO  TO QUESTION A10h  I. IF MORE THAN C (A10g.), READ: Please answer the f insurance coverage IF MORE THAN C EMPLOYMENT (A Please answer the f OTHERWISE GO Considering all the employed by this c [ ] LESS THA [ ] 10 – 49	Have you/H  a. long enough health insur b. Is your/his/I qualify for lor temporar c. Do you/Doe hours per w for health in d. Do you/Doe condition the for health in for health in  7. Is there some other reason you/H  [ ] YES V  [ ] NO  TO QUESTION A10h]  a. IF MORE THAN ONE EMPLOY (A10g.), READ:  Please answer the following questinsurance coverage.  IF MORE THAN ONE EMPLOY EMPLOYMENT (A10g.), READ  Please answer the following questinsurance coverage.  IF MORE THAN ONE EMPLOYEMPLOYMENT (A10g.), READ  Considering all the locations that employed by this company less  [ ] LESS THAN 10 [ ] 10 – 49	Have you/Has he/Has sl a. long enough for the em health insurance? b. Is your/his/her specific qualify for health insura or temporary job? c. Do you/Does he/Does s hours per week or week for health insurance? d. Do you/Does he/Does s condition that makes you for health insurance? for health insurance?  7. Is there some other reason you/he/she cannoted [1] YES	Have you/Has he/Has she not yet a. long enough for the employer to health insurance?  b. Is your/his/her specific job, one of qualify for health insurance as it or temporary job?  c. Do you/Does he/Does she not we hours per week or weeks per year for health insurance?  d. Do you/Does he/Does she have a condition that makes you/he/she for health insurance?  7. Is there some other reason you/he/she cannot get this [ ] YES What are those reason	Have you/Has he/Has she not yet worked  a. long enough for the employer to qualify for health insurance?  b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?  c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?  d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?  7. Is there some other reason you/he/she cannot get this health insurance?  What are those reasons? (Probe for What are those reasons? (Probe for (A10g.), READ:  Please answer the following questions about the company through winsurance coverage.  IF MORE THAN ONE EMPLOYER (A10d.) AND NOT ELIGIBLE EMPLOYMENT (A10g.), READ:  Please answer the following questions about your/their main employ OTHERWISE GO TO A10i  Considering all the locations that this company may have across the employed by this company less than 10, 10 to 49, 50 to 99, 100 to [ ] LESS THAN 10 [ ] 100 – 499 [ ] 500 – 999 [ ] 1,000 OR MOR	Have you/Has he/Has she not yet worked  a. long enough for the employer to qualify for health insurance?  b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?  c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?  d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?  7. Is there some other reason you/he/she cannot get this health insurance coverage  [ ] YES What are those reasons? (Probe for up to 3 rea	Have you/Has he/Has she not yet worked  a. long enough for the employer to qualify for health insurance?  b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?  c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?  d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?  7. Is there some other reason you/he/she cannot get this health insurance coverage?  [] YES What are those reasons? (Probe for up to 3 reasons)  [] NO  TO QUESTION A10h]  1. IF MORE THAN ONE EMPLOYER (A10d.) AND ELIGIBLE FOR INSURANCE THRO (A10g.), READ:  Please answer the following questions about the company through which you are/he/she is insurance coverage.  IF MORE THAN ONE EMPLOYER (A10d.) AND NOT ELIGIBLE FOR INSURANCE EMPLOYMENT (A10g.), READ:  Please answer the following questions about your/their main employer.  OTHERWISE GO TO A10i  Considering all the locations that this company may have across the United States, is the employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or [] LESS THAN 10 [] 100 - 499 [] 1500 - 999 [] 1500 - 999 [] 1500 - 999 [] 11,000 OR MORE	Have you/Has he/Has she not yet worked  a. long enough for the employer to qualify for health insurance?  b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?  c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?  d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?  7. Is there some other reason you/he/she cannot get this health insurance coverage?  [] YES

A10j. Considering just the location at which you/he/she work(s), is the number of people employed by this company at

this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

A10g6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance

	[ ] LESS THAN [ ] 10 – 49 [ ] 50 – 99	N 10	[ ] 100 – 499 [ ] 500 – 999 [ ] 1000 OR MO [ ] DON'T KNO		
A10k.	What kind of indust	ry is this? [Probe: \	What do they do or ma	ake?]	
A101.	What kind of work of your/his/her duties of	•	do; that is, what is you	ur/his/her occupation?[Probe: What are	
A10m.	Have you/has he/she	e worked for this co	mpany for less than or	ne year, 1 to 5 years, or more than 5 years?	
	[ ] LESS THAN 1	YEAR			
	[ ] 1-5 YEARS				
	[ ] MORE THAN [ ] DON'T KNO				
A11a.	-			MATION BEEN OBTAINED ABOUT ALL E COVERED BY THIS HEALTH INSURAN	ГСЕ
	'	QUESTION A14 ( QUESTION A11b)	· · · · · · · · · · · · · · · · · · ·		
A11b.	I now need to ask a	few questions about	you/the [age] year old	d [gender].	
	ENTER PERSON N	NUMBER:			
A11b1	. [IF EMPLOYE	D; GO TO QUEST	TION A11c]		
	In what month a	and year did you/he/	she last work at a job	for pay?	
	MONTH:	YEAR.	Г	1 NEVER WORKED	

[ ] YES OR MAYBE, IT DEPENDS [ ] NO [ ] RETIRED [ ] DISABLED [ ] UNABLE TO WORK [ ] DON'T KNOW	n any lo akin a fan mank
A11b3. What best describes your/his/her situation at this time? For example, would yo disabled, retired, ill, in school, taking care of a house or family, or something else?	a say looking for work,
[ ] LOOKING FOR WORK [ ] DISABLED [ ] RETIRED [ ] ILL [ ] IN SCHOOL [ ] TAKING CARE OF A HOUSE OR FAMILY [ ] SOMETHING ELSE  ■	
A11b4. What is that?	
GO TO QUESTION A12a. ON PAGE 25] A11c. Are you/Is he/she self-employed, working for someone else, or both?	
<ul> <li>[ ] SELF-EMPLOYED (GO TO A11f)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED</li> </ul>	
A11d. (Excluding self employment) Do you/Does he/she currently have more than one en	nployer?
[ ] YES [ ] NO	
Alle. [IF Alld=NO THEN GO TO Allf]  Do you/Does he/she usually work at least 35 hours per week for any one employer	?
[ ]YES [ ]NO	
A11f. Considering all the jobs you have/he has/she has right now, including self-employm week do you/does he/she usually work?	ent, how many hours per
HOURS PER WEEK:	

Do you/Does he/she currently want a job, either full or part time?

A11b2.

A11g. Do you/Does he/she receive this health insurance coverage through	ough your/his/	her emplo	yment?	
[ ] YES (GO TO A11h) [ ] NO				
A11g1. Does your/his/her employer/Do any of your/his/her employers of its/their employees?	currently offe	er health i	nsurance cover	age to <u>any</u>
[ ] YES [ ] NO (GO TO QUESTION A11h) [ ] DON'T KNOW (GO TO QUESTION A11h)				
A11g2. If you/he/she wanted to, could you/he/she currently be insured you/his/her employer?	by the health	insurance	coverage offe	red by
[ ] YES [ ] NO (GO TO QUESTION A11g6) [ ] DON'T KNOW (GO TO A11h)				
A11g3. Is this employer offered health insurance just for yourself/hims	self/herself or	could it be	e for your/his/l	ner family?
[ ] JUST SELF [ ] FAMILY [ ] DON'T KNOW				
A11g4. For each of the following reasons, please tell me if it is a reaso health insurance coverage.	n why you do	/he does/s	he does not ge	t this
	YES	<u>NO</u>	DON'T KNOW	
a. Is it too expensive?	[ ]	[ ]	[]	
b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs?	[]	[ ]	[ ]	
c. Have you/Has he/she traded health insurance for another benefit such as higher pay?	[ ]	[ ]	[ ]	

[ ] YES [ ] NO	_ What are those reasons? (Probe for	up to 3 re	easons)	
O QUESTION A				
For each of the nee coverage?	Collowing reasons, please tell me if it is a reason w	hy you/he	e/she cann	ot get this l
		<u>YES</u>	<u>NO</u>	DON'T KNOW
	a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?	[ ]	[]	[]
1	o. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?	[ ]	[]	[]
•	Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?	[ ]	[ ]	[]
•	Do you/Does he/Does she have a pre- existing condition that makes you/he/she ineligible for health insurance?	[ ]	[]	[]
. Is there some ot	ner reason you/he/she cannot get this health insura	nce cover	age?	
[ ] YES [ ] NO	_ What are those reasons? (Probe for	up to 3 re	easons)	

A11h. IF MORE THAN ONE EMPLOYER (A11d.) <u>AND</u> ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A11g.), READ:

[GO TO QUESTION A11h]

	Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.
	IF MORE THAN ONE EMPLOYER (A11d.) <u>AND NOT</u> ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A11g.), READ:
A11i.	Please answer the following questions about your/their main employer.  OTHERWISE GO TO A11i  Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
	[ ] LESS THAN 10
A11j.	Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
	[ ] LESS THAN 10
A11k.	What kind of industry is this? [Probe: What do they do or make?]
A111.	What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]
A11m	Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?
	<ul><li>[ ] LESS THAN 1 YEAR</li><li>[ ] 1-5 YEARS</li><li>[ ] MORE THAN 5 YEARS</li><li>[ ] DON'T KNOW</li></ul>
A12a.	[INTERVIEWER CHECK: HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL PERSONS 18 OR OVER IN THE HOUSEHOLD WHO ARE COVERED BY THIS HEALTH INSURANCE POLICY?]

[ ] YES (GO TO QUESTION A14. ON PAGE 31) [ ] NO (GO TO QUESTION A12b.)

now need to ask a few questions about you/the [age] year old [gender].
NTER PERSON NUMBER:
[IF EMPLOYED; GO TO QUESTION A12c.]
In what month and year did you/he/she last work at a job for pay?
MONTH: YEAR: [ ] NEVER WORKED
Do you/Does he/she currently want a job, either full or part time?
<ul> <li>YES OR MAYBE, IT DEPENDS</li> <li>NO</li> <li>RETIRED</li> <li>DISABLED</li> <li>UNABLE TO WORK</li> <li>DON'T KNOW</li> </ul>
What best describes your/his/her situation at this time? For example, would you say looking for work sabled, retired, ill, in school, taking care of a house or family, or something else?
[ ] LOOKING FOR WORK [ ] DISABLED [ ] RETIRED [ ] ILL [ ] IN SCHOOL [ ] TAKING CARE OF A HOUSE OR FAMILY [ ] SOMETHING ELSE  A12b4. What is that?

[GO TO QUESTION A13a. ON PAGE 27]

A12c. Are you/Is he/she self-employed, working for someone else, or both?

	<ul><li>SELF-EMPLOYED(GO TO A12f)</li><li>WORKING FOR SOMEONE ELSE</li><li>BOTH WORKING FOR AN EMPLOYER AND SI</li></ul>	ELF-EMPLOYED		
A12d.	(Excluding self employment) Do you/Does he/she current	ly have more than	one emplo	oyer?
	[ ] YES [ ] NO			
A12e.	[IF A12d=NO THEN GO TO A12f] Do you/Does he/she usually work at least 35 hours per we	eek for any one em	ployer?	
	[ ]YES [ ]NO			
A12f.	Considering all the jobs you have/he has/she has right now week do you/does he/she usually work?	, including self-em	ployment,	, how many hours per
	HOURS PER WEEK:			
A12g.	Does your/his/her employer/Do any of your/his/her employer its/their employees?	rs currently offer he	ealth insura	ance coverage to any
	[ ] YES [ ] NO (GO TO QUESTION A12h) [ ] DON'T KNOW (GO TO QUESTION A12h)			
A12g1	If you/he/she wanted to, could you/he/she currently be insured you/his/her employer?	d by the health insu	rance cove	erage offered by
	[ ] YES [ ] NO (GO TO QUESTION A12g6) [ ] DON'T KNOW (GO TO A12h)			
A12g2	. Is this employer offered health insurance just for yourself/hir	mself/herself or coul	d it be for	your/his/her family?
	[ ] JUST SELF [ ] FAMILY [ ] DON'T KNOW			
A12g3	For each of the following reasons, please tell me if it is a reasonsurance coverage.	son why you do/he	does/she do	oes not get this health
		<u>YES</u>	NO	DON'T
	Is it too expensive?	[ ]	<u>NO</u> [ ]	KNOW [ ]

of

b.		enefits offered through this health insufficient to meet your/his/her	[ ]	[ ]	[ ]	
c.	Have you/	Has he/she traded health insurance r benefit such as higher pay?	[ ]	[ ]	[ ]	
A12g4. Is there any other	reason you	do/he does/she does not get this health	insurance	coverage?		
[ ] YES [ ] NO	_	What are those reasons? (Probe for				
GO TO QUESTION A12 A12g5. For each of the fol coverage?		ons, please tell me if it is a reason wh	y you/he/sł	ne cannot g	et this health insu	ırance
			<u>YES</u>		DON'T	
				<u>NO</u>	<u>KNOW</u>	
a.		/Has he/Has she not yet worked agh for the employer to qualify for surance?	[ ]	[ ]	[ ]	
b.		s/her specific job, one that does not or health insurance as it is a contract rary job?	[ ]	[ ]	[ ]	
c.	Do you/D hours per	Does he/Does she not work enough week or weeks per year to qualify insurance?	[ ]	[ ]	[ ]	
d.	Do you/D condition	Does he/Does she have a pre-existing that makes you/he/she ineligible insurance?	[ ]	[ ]	[ ]	
A12g6. Is there some othe	r reason yo	u/he/she cannot get this health insuran	ice coverag	e?		
[ ] YES [ ] NO	_	What are those reasons? (Probe for	up to 3 rea	sons)		
GO TO QUESTION A12	h]					
A12h IF MORE THAN	ONE EMI	PLOYER (A12d.) AND ELIGIBLE	FOR INS	URANCE	THROUGH	

A12h. IF MORE THAN ONE EMPLOYER (A12d.) <u>AND</u> ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A12g.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A12d.) <u>AND NOT</u> ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A12g.), READ:

	Please answer the following questions about your/their main employer. OTHERWISE GO TO A12i			
A12i.	i. Considering <u>all</u> the locations that this company may have across the United States, is the number employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or n			
	[ ] LESS THAN 10 [ ] 10 – 49 [ ] 50 – 99	[ ] 100 – 499 [ ] 500 – 999 [ ] 1,000 OR MORE [ ] DON'T KNOW		
A12j.	Considering just the location at which you/he/she work(s), is the number of people employed company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 to 490, 500 to 990, or 1,000 to 990, or			
	[ ] LESS THAN 10 [ ] 10 – 49 [ ] 50 – 99	[ ] 100 – 499 [ ] 500 – 999 [ ] 1000 OR MORE [ ] DON'T KNOW		
A12k.	What kind of industry is this? [Probe: What do they do or make?]			
A121.	What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]			
A12m.	Have you/has he/she worked for this compa	any for less than one year, 1 to 5 years, or more than 5 years?		
	<ul><li>[ ] LESS THAN 1 YEAR</li><li>[ ] 1-5 YEARS</li><li>[ ] MORE THAN 5 YEARS</li><li>[ ] DON'T KNOW</li></ul>			
A13a.	-	YMENT INFORMATION BEEN OBTAINED ABOUT ALL HOLD WHO ARE COVERED BY THIS HEALTH INSURANCE		
	[ ] YES (GO TO QUESTION A14. ON [ ] NO (GO TO QUESTION A13b.)	PAGE 31)		

A130.	I now need to ask a few questions about you/the [age] year old [gender].
	ENTER PERSON NUMBER:
A13b1	[IF EMPLOYED; GO TO QUESTION A13c.]
	In what month and year did you/he/she last work at a job for pay?
	MONTH: YEAR: [ ] NEVER WORKED
A13b2	2. Do you/Does he/she currently want a job, either full or part time?
	<ul> <li>YES OR MAYBE, IT DEPENDS</li> <li>NO</li> <li>RETIRED</li> <li>DISABLED</li> <li>UNABLE TO WORK</li> <li>DON'T KNOW</li> </ul>
A13b3	3. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	<ul> <li>[ ] LOOKING FOR WORK</li> <li>[ ] DISABLED</li> <li>[ ] RETIRED</li> <li>[ ] ILL</li> <li>[ ] IN SCHOOL</li> <li>[ ] TAKING CARE OF A HOUSE OR FAMILY</li> <li>[ ] SOMETHING ELSE ▲</li> <li>A13b4. What is that?</li></ul>
[GO T	TO QUESTION A14. ON PAGE 31]
A13c.	Are you/Is he/she self-employed, working for someone else, or both?
	<ul> <li>[ ] SELF-EMPLOYED(GO TO A13f)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED</li> </ul>

A13d. (Excluding self employment) Do you/Does he/she currently have more than one employer?

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	[ ] YES [ ] NO
A13e.	[IF A13d=NO THEN GO TO A13f] Do you/Does he/she usually work at least 35 hours per week for any one employer?
	[ ]YES [ ]NO
A13f.	Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week do you/does he/she usually work?
	HOURS PER WEEK:
[	
A13g.	Do you/Does he/she receive this health insurance coverage through your/his/her employment?
	[ ] YES (GO TO A13h) [ ] NO
A13g1	. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?
	[ ] YES [ ] NO (GO TO QUESTION A13h) [ ] DON'T KNOW (GO TO QUESTION A13h)
A13g2	If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?
	[ ] YES [ ] NO (GO TO QUESTION A13g6) [ ] DON'T KNOW (GO TO A13h)
A13g3	Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?
	[ ] JUST SELF [ ] FAMILY [ ] DON'T KNOW

A13g4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

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			YE	<u>ES</u>	NO	)	DON KNO	
	Is it too ex	pensive?	[	]	[		[	
a.	A .1 1	° ° ° 1.1 1.1 1.1	r	7	F	,	F	7
b.		nefits offered through this health insufficient to meet your/his/her	[	J	[	J	[	J
c.	•	Has he/she traded health insurance r benefit such as higher pay?	[	]	[	]	[	]
A13g5. Is there any other	reason you	do/he does/she does not get this heal	th ins	suranc	e cov	erag	ge?	
[ ] YES [ ] NO	_	What are those reasons? (Probe for	up to	3 re	asons)	) - -		
						-		
[GO TO QUESTION A	13h]							
A13g6. For each of the fo	-	sons, please tell me if it is a reason w	hy yo	ou/he/	she ca	anno	ot get th	nis health
			YE	S			DON	J'T
				<u>~</u>	<u>NC</u>	)	KNO	
a	-	/Has he/Has she not yet worked gh for the employer to qualify for urance?	[	]	[	]	[	]
b.	not qualif	s/her specific job, one that does by for health insurance as it is a for temporary job?	[	]	[	]	[	]
c.	Do you/D hours per	boes he/Does she not work enough week or weeks per year to r health insurance?	[	]	[	]	[	]
d.	Do you/D existing c	ooes he/Does she have a pre- ondition that makes you/he/she for health insurance?	[	]	[	]	[	]
A13g7.Is there some oth	er reason you	u/he/she cannot get this health insura	nce c	overa	ge?			
[ ] YES [ ] NO	_	What are those reasons? (Probe for	up to	3 re	asons)	)		
						-		

ĺ	GO	TO	<b>QUESTION</b>	A13h1
ı	UU	10	OULDITON	$\Delta 1211$

A13h.	IF MORE THAN ONE EMPLOYER (A13d.) (A13g.), READ:	AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT
	Please answer the following questions about t insurance coverage.	he company through which you are/he/she is eligible to obtain health
	IF MORE THAN ONE EMPLOYER (A13d.) EMPLOYMENT (A13g.), READ:	AND NOT ELIGIBLE FOR INSURANCE THROUGH
	Please answer the following questions about y	your/their main employer.
	OTHERWISE GO TO A13i	
A13i.	-	any may have across the United States, is the number of people to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
	[ ] LESS THAN 10	[ ] 100 – 499
	[ ] 10 – 49	[ ] 500 – 999
	[ ] 50 – 99	[ ] 1,000 OR MORE
		[ ] DON'T KNOW
A13j.		he/she work(s), is the number of people employed by this 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
	[ ] LESS THAN 10	[ ] 100 – 499
	[ ] 10 – 49	[ ] 500 – 999
	[ ] 50 – 99	[ ] 1000 OR MORE
		[ ] DON'T KNOW
A13k.	What kind of industry is this? [Probe: What	at do they do or make?]
A131.	What kind of work do you/does he/she do; your/his/her duties or responsibilities?]	that is, what is your/his/her occupation?[Probe: What are
. 10		
A13m.	. Have you/has he/she worked for this compa	any for less than one year, 1 to 5 years, or more than 5 years?
	[ ] LESS THAN 1 YEAR	
	[ ] 1-5 YEARS	

[ ] MORE THAN 5 YEARS [ ] DON'T KNOW			
[INTERVIEWER CHECK: IF MORE PERSONS 18 OR OVER IN HO COVERED BY THIS HEALTH INSURANCE POLICY, ADD ADDIT			
A14. [IF INSURANCE COVERAGE OBTAINED THROUGH WO QUESTION A14i]	PRK, (YE	S TO Q	UESTION A6a), GO TO
The next questions again refer to the health insurance which cover	rs you/the	[age] ye	ear old [gender].
What is the name of the insurance company or HMO with whom	the [age]	year old	l [gender] has insurance?
COMPANY NAME:			
[IF POLICY HOLDER LIVES OUTSIDE HOUSEHOLD, AS	K:]		
A14a1. Is this health insurance obtained through someone's employm	ent?		
[ ] YES (GO TO QUESTION A14i)			
[ ] NO [ ] DON'T KNOW			
There are many different ways in which health insurance can be o would like you to tell me which one best describes how this insur		_	ng to list several ways and
Is this health insurance obtained through	T	T	
	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO A14h)
B. A <u>Masshealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon, BMCHealthNet, or Network Health	[ ]	[ ]	(IF YES, GO TO A14i)
		1	

C. Medicare?

D.CHAMPUS, CHAMPUS VA, VA or other military plans?

E.Purchasing it directly from an insurance company or insurance

(IF YES, GO TO A14i)

(IF YES, GO TO A14i)

agent?			
F.A group such as a labor union, professional association or other group?  What group is that?	[ ]	[ ]	(IF YES, GO TO A14i)
G.Some other method?  What is that?	[ ]	[ ]	(IF YES, GO TO A14i)
A14h. What was the month and year of the <u>most recent</u> enrollment to M insurance coverage?	Iedicaid, o	or MassI	Health for this health
MONTH: YEAR: (GO TO QUESTION A14k)			
<ul> <li>A14i. At any time during the last 12 months, has anyone living in this hinsurance been enrolled in MassHealth, CommonHealth, or any through the Neighborhood Health Plan, Fallon, BMC HealthNet,</li> <li>[ ] YES</li> <li>[ ] NO (GO TO A14k)</li> <li>[ ] DON'T KNOW (GO TO A14k)</li> </ul>	MassHeal	th HMO	such as those offered
A14j. How many of those currently covered by this health insurance ha 12 months?  NUMBER OF PEOPLE:	ave been e	enrolled i	in MassHealth in the past
A14k. (The next questions again refer to the health insurance which cover Premiums are payments that cover the cost of health insurance. part of the premium, or cost, of this health plan, either by direct	Does you	r family	the policy holder pay any
[ ] YES [ ] NO (GO TO QUESTION A15a)			
A141. About how much per week, month or year does your family/the	policy hol	lder pay	for this health plan?
\$ [ ] DON'T KNOW			
A14m. ENTER THE UNIT (NOT READ)			

	[ ] WEEK
	[ ] MONTH
	[ ] YEAR
	[ ] DON'T KNOW
A14n. In	n general, do you think the amount paid is much too much, a little to much, or about right?
[	] MUCH TOO MUCH
[	] A LITTLE TOO MUCH
[	] ABOUT RIGHT

A15.Now I'm going to read you a list of services. Please tell me if this health plan covers any part of the costs of the services or not:

OPTIONAL REPEAT OF Q	YES	NO	DON'T KNOW
a. overnight hospital stays	[ ]	[ ]	[ ]
b. physicians office visits for illness or injury	[ ]	[ ]	[ ]
c. routine physical exams	[ ]	[ ]	[ ]
d. prescription drugs	[ ]	[ ]	[ ]
e. mental health visits	[ ]	[ ]	[ ]

	t. eye exams	[ ]	L J	[ ]
	g. Eye glasses or contact lenses	[ ]	[ ]	[ ]
A15h.	Do you/does this person have a	ny insurance that covers denta	al services?	
	[ ] YES [ ] NO (GO TO QUESTION	N A16)		
A15i.	Is this dental insurance included	d in the same plan as your/this	s person's health ins	urance?
	[ ] YES [ ] NO			
	nder this health plan, not including emime you visit a doctor in their office?	nergency room visits, do you h	nave to pay a co-pay	ment or fixed cost each
	[ ] YES [ ] NO (GO TO QUESTION	N A19)		
	A16a. Do you/Does this person time you/they visit a doctor	have to pay \$10 or less, between in their office?	een \$11 and \$25, or	more than \$25 each
	<ul><li>[ ] \$10 OR LESS</li><li>[ ] \$11 TO \$25</li><li>[ ] MORE THAN \$25</li><li>[ ] DON'T KNOW</li></ul>			
	Out-of-pocket expenses are payments includes the costs of deductibles and care or prescriptions. For the year 20 household on this health insurance pl or more?	copayments, which are partial 001, would you say that the o	l payments you mak ut-of-pocket expens	e to receive medical es for everyone in the
	[ ] ZERO (GO TO A20a) [ ] LESS THAN \$200 [ ] \$200-\$499 [ ] \$500-\$999 [ ] \$1,000-\$1,999 [ ] \$2,000 OR MORE			

A20.	were these out-of-pocket expenses not difficult, a little difficult, somewhat difficult, or very difficult for you/your family to afford?
	<ul> <li>[ ] NOT DIFFICULT</li> <li>[ ] A LITTLE DIFFICULT</li> <li>[ ] SOMEWHAT DIFFICULT</li> <li>[ ] VERY DIFFICULT</li> </ul>
A20a.	Were the out-of-pocket expenses paid by you/your family in the year 2001 a lot more, a little more, about the same, a little less, or a lot less than the out-of-pocket expenses you/your family paid in the year 2000?
	[ ] A LOT MORE [ ] A LITTLE MORE [ ] ABOUT THE SAME [ ] A LITTLE LESS [ ] A LOT LESS
A24.	Has a doctor or other medical care provider ever suggested a test or treatment for anyone covered by this health plan, that the health plan would not cover or pay for?
	[ ] YES → → → A24a. What were these tests or treatments? [ ] NO (GO TO QUESTION A26) [ ] DON'T KNOW (GO TO QUESTION A26)
A25.	In the past 12 months, has this lack of coverage for certain tests or treatments been a big problem, a small problem, or no problem at all for your family?
	<ul><li>[ ] BIG PROBLEM</li><li>[ ] SMALL PROBLEM</li><li>[ ] NO PROBLEM AT ALL</li></ul>
A26.	We want to know your rating of your overall experience with this health plan.
	Using any number on a scale from 0 to 10 where 0 is the worst health insurance plan possible, and 10 is the best health insurance plan possible. How would you rate this health insurance plan now?
	Rating:
A27.	Is this health plan the same one that you/the policy holder had 12 months ago?
	[ ] YES [ ] NO (GO TO QUESTION A28d)

A28.	Are the benefits from this health plan better, about the same, or worse than 12 months ago?
	[ ] BETTER [ ] ABOUT THE SAME [ ] WORSE
A28a.	Premiums are payments that cover the cost of health insurance. Is the premium, or cost, of the health plan for you/your family more than, about the same, or less than the cost 12 months ago?
	<ul> <li>[ ] MORE</li> <li>[ ] ABOUT THE SAME (GO TO QUESTION A29)</li> <li>[ ] LESS (GO TO QUESTION A28c)</li> </ul>
A28b.	Has this increase in the premium or cost been very difficult, somewhat difficult, or not difficult at all for you/your family to pay?
	<ul><li>[ ] VERY DIFFICULT</li><li>[ ] SOMEWHAT DIFFICULT</li><li>[ ] NOT DIFFICULT AT ALL</li></ul>
A28c.	About how much per week, month or year did you/your family/the policy holder pay for this health plan 12 months ago?
	\$ PER → [ ] WEEK
A28d.	Are the benefits from the current health plan better, about the same, or worse than the benefits from the health plan you/he/she had 12 months ago?
	<ul> <li>[ ] BETTER</li> <li>[ ] ABOUT THE SAME</li> <li>[ ] WORSE</li> <li>[ ] I DID NOT HAVE ANY HEALTH PLAN 12 MONTHS AGO [GO TO QUESTION A29]</li> </ul>
A28e.	(Premiums are payments that cover the cost of health insurance.) Is the premium, or cost, of the current health plan for you/your family/the policy holder more than, about the same, or less than the premium, or cost, of the health plan you had 12 months ago?
	<ul> <li>[ ] MORE</li> <li>[ ] ABOUT THE SAME (GO TO QUESTION A29)</li> <li>[ ] LESS (GO TO QUESTION A28g)</li> </ul>

A28f. Has this increase in the premium or cost been very difficult, somewhat difficult, or not difficult at all for

	you/your family/the policy holder to pay?
	<ul><li>[ ] VERY DIFFICULT</li><li>[ ] SOMEWHAT DIFFICULT</li><li>[ ] NOT DIFFICULT AT ALL</li></ul>
A28g.	About how much per week, month or year did you/your family/the policy holder pay for the health plan you had 12 months ago?
	\$ PER → [ ] WEEK
A29.	Including yourself, have any of the household members <b>covered by this health plan</b> , been <b>uninsured</b> for any length of time over the past <b>3 years</b> ?
	[ ] YES [ ] NO (GO TO RANDOM SELECTION OF PLAN MEMBER ON PAGE 41)
A29a.	Which persons were uninsured?
	ENTER PERSON NUMBER:,,,,,
A30.	Of the people just mentioned, have any of these people been uninsured for any length of time over the past $\underline{12}$ $\underline{months}$ ?
	[ ] YES [ ] NO (GO TO QUESTION A33a)
A30a.	Which persons were uninsured during the past 12 months?
	ENTER PERSON NUMBER:,,,,,
[ <b>For e</b> A31.	each person mentioned in A30a., ask the following:] PERSON NUMBER:
	Were you/Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?
	[ ] LESS THAN 1 MONTH

a.	[ ] DON'T KNOW  What change in your/his/her situation happened so that you/he/she could get health insurance?
<b>A</b> L	L PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]
	PERSON NUMBER:
•	Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 month more than 12 months?
	[ ] LESS THAN 1 MONTH
	[ ] 1-3 MONTHS [ ] 4-6 MONTHS
	[ ] 7-12 MONTHS
	MORE THAN 12 MONTHS DON'T KNOW
a.	What change in his/her situation happened so that he/she could get health insurance?
۱L	L PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]
	,

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

A32b. PERSON NUMBER:

	[ ] LESS THAN 1 MONTH
	[ ] 1-3 MONTHS [ ] 4-6 MONTHS
	[ ] 7-12 MONTHS
	MORE THAN 12 MONTHS
	DON'T KNOW
	What change in his/her situation happened so that he/she could get health insurance?
ΛL	L PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]
l.	PERSON NUMBER:
	Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months more than 12 months?
	[ ] LESS THAN 1 MONTH
	1 -3 MONTHS
	4-6 MONTHS
	7-12 MONTHS
	MORE THAN 12 MONTHS
	DON'T KNOW
	What change in his/her situation happened so that he/she could get health insurance?
T	L DEDCONG MENTIONED IN A 20 - A COOLINTED FOR CO TO OLIECTION A 22 - I
L	L PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]

A32f. PERSON NUMBER:

	more than 12 months?
	[ ] LESS THAN 1 MONTH
	[ ] 1-3 MONTHS
	[ ] 4-6 MONTHS
	[ ] 7-12 MONTHS
	[ ] MORE THAN 12 MONTHS
	[ ] DON'T KNOW
A32g.	What change in his/her situation happened so that he/she could get health insurance?
IF Al	LL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a
	PERSON NUMBER:
	Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?
	[ ] LESS THAN 1 MONTH
	[ ] 1-3 MONTHS
	[ ] 4-6 MONTHS
	[ ] 7-12 MONTHS
	MORE THAN 12 MONTHS
	[ ] DON'T KNOW
A32i.	What change in his/her situation happened so that he/she could get health insurance?
For e	each person mentioned in A29a., ask the following:]
433a.	PERSON NUMBER:
A33b.	Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance?
	NUMBER OF TIMES:

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or

## A33c. PERSON NUMBER: \_\_\_\_\_ A33d. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] been without health insurance? NUMBER OF TIMES: [IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN **MEMBER ON PAGE 41**] A33e. PERSON NUMBER: A33f. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance? NUMBER OF TIMES: \_\_\_ [IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN **MEMBER ON PAGE 41**] A34a. PERSON NUMBER: A34b. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance? NUMBER OF TIMES: [IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN **MEMBER ON PAGE 41**] A34c. PERSON NUMBER: A34d. Some people have periods of time when they are insured and periods of time when they have no insurance. In the past three years, how many times have you/the [age] old [gender] have been without health insurance? NUMBER OF TIMES: [IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN **MEMBER ON PAGE 41**] A34e. PERSON NUMBER:\_\_\_\_

[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN

MEMBER ON PAGE 41]

A34f.	Some people have periods of time when they are insured and periods of time when they have no insurance. In the past three years, how many times have you/the [age] old [gender] have been without health insurance?							
	NUMBER OF TIMES:							

### RANDOM SELECTION OF PLAN MEMBER

CIRCLE NUMBER OF PERSONS 18 OR OVER <u>COVERED BY SELECTED PLAN</u> IN LEFT HAND VERTICAL COLUMN BELOW; IF 0, GO TO CINS CHECK ON PAGE 44

CIRCLE KISH TABLE INSURED ADULT NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW

PLACE FINGER ON CIRCLED NUMBER OF PERSONS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO COLUMN WHICH HAS CIRCLED KISH TABLE INSURED ADULT NUMBER, CIRCLE SELECTED ADULT INSIDE TABLE.

#### ENTER PERSON NUMBER OF ADULT SELECTED ON FLAP

NUMBER OF			KI	SH TABL	E INSUR	ED ADU	LT NUME	BER (FR	OM LABE	EL)		
PERSONS COVERED	1	2	3	4	5	6	7	8	9	10	11	12
BY SELECTED PLAN	INTERVIEW THE NTH OLDEST ADULT COVERED BY PLAN											
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5
6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

#### **II.** Health Service Utilization

Next I have a few questions about use of health care services. I'd like you to answer each of these questions about yourself/the [age] year old [gender].

A35.	In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse or other health care professional?
	[ ] YES [ ] NO (GO TO QUESTION A37A)

A36.	When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?
	<ul><li>[ ] ALWAYS (GO TO QUESTION A37A)</li><li>[ ] USUALLY</li><li>[ ] SOMETIMES</li><li>[ ] NEVER</li></ul>
A37.	When medical care was <u>not</u> received, was cost of care a big reason, a small reason, or not a reason at all?
	<ul><li>[ ] BIG REASON</li><li>[ ] SMALL REASON</li><li>[ ] NOT A REASON AT ALL</li></ul>
A37a.	During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?
	NUMBER OF VISITS
A37b.	During the last 12 months, including treatment for substance abuse, how many times have you he/she received mental health services?
	NUMBER OF TREATMENTS
A38.	During the past 12 months, about how many times have you/has this person received care in a hospital emergency room?
	NUMBER OF VISITS
A39.	(Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?
	[ ] YES [ ] NO
A40.	(Not counting pregnancy, overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did you/this person make visits to a doctor's office for medical treatment?
	NUMBER OF VISITS
III.	Health Status
A41.	(Not counting pregnancy) do you/does this person <u>now</u> have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO (GO TO QUESTION A44)

A42.	In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?
	NUMBER OF TIMES:
A43.	Have you/Has this person been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
A44.	Has a doctor or other medical care giver ever diagnosed you/this person with <u>any</u> medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?
	[ ] YES [ ] NO (GO TO QUESTION A46)
A45.	What condition is that? [Probe: Anything else?]
A46.	In general, would you rate <u>your/this person's</u> overall health as excellent, very good, good, fair, or poor?
	<ul><li>[ ] EXCELLENT</li><li>[ ] VERY GOOD</li><li>[ ] GOOD</li><li>[ ] FAIR</li><li>[ ] POOR</li></ul>
	CHECK: IF CHILDREN UNDER 18 YEARS OLD ARE COVERED BY THIS POLICY, ASK OWING QUESTIONS ABOUT CHILD COVERED THAT WAS RANDOMLY SELECTED.]
	ENTER PERSON NUMBER:

## CHILD HEALTH SERVICE UTILIZATION (OF RANDOMLY SELECTED CHILD IN PLAN)

Next, I have a few questions about the use of health care services by children under eighteen who are covered by this health insurance policy.

I'd like you to answer each of the following questions considering health care services used **only** by the **selected** child in this policy, the [age] year old [gender].

A47.	In the last 12 months, was there ever a time when this child needed any type of medical care usually provided by a doctor, nurse or other medical care professional?
	[ ] YES [ ] NO (GO TO A50)
A48.	When medical care was needed, did this child always, usually, sometimes, or never receive this care?
	[ ] ALWAYS (GO TO A50) [ ] USUALLY [ ] SOMETIMES [ ] NEVER
A49.	When medical care was not received, was cost of care a big reason, a small reason, or not a reason at all?
	<ul><li>[ ] A BIG REASON</li><li>[ ] A SMALL REASON</li><li>[ ] NOT A REASON AT ALL</li></ul>
A49a.	During the last 12 months, how many times did this child see a dentist or dental hygienist?
	NUMBER OF VISITS:
A49b.	During the last 12 months, including treatment for substance abuse, how many times did this child receive mental health services?
	NUMBER OF TREATMENTS:
A50.	In the past 12 months, how many times has this child received care in a hospital emergency room?
	NUMBER OF VISITS
A51.	(Not including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?
	[ ] YES [ ] NO

A52.	(Not counting pregnancy, overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did this child make visits to a doctor's office for medical treatment?
	NUMBER OF VISITS
Healt	th Status
A53.	(Not counting pregnancy,) does this child now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO <b>(GO TO A56)</b>
A54.	In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?
	NUMBER OF TIMES
A55.	Has this child been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
A56.	Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in their everyday activities?
	[ ] YES [ ] NO <b>(GO TO A58)</b>
A57.	What condition is that? (Probe: Anything Else?)
A58.	In general, would you rate this child's overall health as excellent, very good, good, fair, or poor?
	<ul> <li>[ ] EXCELLENT</li> <li>[ ] VERY GOOD</li> <li>[ ] GOOD</li> <li>[ ] FAIR</li> <li>[ ] POOR</li> </ul>

### ADDITIONAL PLAN INFORMATION

A59. You said there were other health insurance plans in the household. I'm going to ask you a few more questions about those other plans.

## [START WITH THE NEXT PERSON ON THE HOUSEHOLD ROSTER WHO IS IN A HEALTH PLAN OTHER THAN THE RANDOMLY SELECTED PLAN]

First let me ask you about the health insurance plan which covers you/the [age] year old [gender].

A59a1.	What is the name of the <u>insurance</u> company or HMO with whom the [age] year old [gender] has insurance?
	COMPANY NAME:
	Is this health insurance obtained through someone's employment?
	[ ] YES (GO TO CHECK) [ ] NO [ ] DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

is this neutri insurance obtained through	YES	NO	
	ILS	NO	
A.MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO CHK)
B. A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as these offered through the Neighborhood Health Plan, Fallon, BMC Health Net, or Network Health?	[ ]	[ ]	(IF YES, GO TO CHK)
C.Medicare?	[ ]	[ ]	(IF YES, GO TO CHK)
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO CHK)
E.Purchasing it directly from an insurance company or insurance agent?	[ ]	[ ]	(IF YES, GO TO CHK)
F.A group such as a labor union, professional association or other group?  What group is that?	[ ]	[ ]	(IF YES, GO TO CHK)
G.Some other method?  **What is that?	[ ]	[ ]	(IF YES, GO TO CHK)

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]

A59i.	[INTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE INSURANCE STATUS OF ALL PERSONS IN THE HOUSEHOLD (INCLUDING KIDS). HAS INSURANCE INFORMATION BEEN OBTAINED ABOUT ALL PLANS IN THE HOUSEHOLD?]
[	] YES (GO TO NEXT NEEDED SECTION)
[	] NO
A60.	Now let me ask you about the health insurance plan which covers you/the [age] year old [gender].
	What is the name of the <u>insurance</u> company or HMO with whom the [age] year old [gender] has insurance?
C	OMPANY NAME:
A60a1	. Is this health insurance obtained through someone's employment?
	[ ] YES (GO TO CHECK) [ ] NO
	[ ] DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

		YES	NO	
A.	MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO CHK)
В.	A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon, BMC HealthNet, or Network Health?	[ ]	[ ]	(IF YES, GO TO CHK)
C.	Medicare?	[ ]	[ ]	(IF YES, GO TO CHK)
D.	CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO CHK)
E.	Purchasing it directly from an insurance company or insurance agent?	[ ]	[ ]	(IF YES, GO TO CHK)
F.	A group such as a labor union, professional association or other group?	[ ]	[ ]	(IF YES, GO TO CHK)
G.	Some other method?  What is that?	[ ]	[ ]	(IF YES, GO TO CHK)

# [INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]

A60i.	Al	NTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE INSURANCE STATUS OF LL PERSONS IN THE HOUSEHOLD (INCLUDING KIDS). HAS INSURANCE INFORMATION EEN OBTAINED ABOUT ALL PLANS IN THE HOUSEHOLD?]
	[	] YES (GO TO CHECK)
	[	] NO
Now	let 1	ne ask you about the health insurance plan which covers you/the [age] year old [gender].
A61.	Wh	at is the name of the <u>insurance</u> company or HMO with whom the [age] year old [gender] has insurance?
	CO	MPANY NAME:
A61a	1.	Is this health insurance obtained through someone's employment?
[		YES <b>(GO TO QUESTION CHECK.)</b> NO

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

] DON'T KNOW

		YES	NO	
A.	MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO CHK)
B.	A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as	[ ]	[ ]	(IF YES, GO TO CHK)
C.	Medicare?	[ ]	[ ]	(IF YES, GO TO CHK)
D.	CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO CHK)
E.	Purchasing it directly from an insurance company or insurance agent?	[ ]	[ ]	(IF YES, GO TO CHK)
F.	A group such as a labor union, professional association or other group?  What group is that?	[ ]	[ ]	(IF YES, GO TO CHK)
G.	Some other method?  What is that?	[ ]	[ ]	(IF YES, GO TO CHK)

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]

## **UNINSURED SECTION** #1

[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR EACH UNINSURED PERSON 18 OR OVER, AND IF CHILDREN UNDER 18 ARE UNINSURED, FOR THE RANDOMLY SELECTED UNINSURED CHILD]

CHII	<b>LD</b> ]	
Empl	loymen	t and Insurance
_		VIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD MANT:]
	B1a.	[INTERVIEWER CHECK: IF NO ADULTS IN HOUSEHOLD UNINSURED, BUT CHILD UNDER 18 UNINSURED, GO TO UNINSURED CHILD SECTION ON PAGE 107].
	B1b.	The following questions concern anyone in your household who is currently uninsured. I'd like to begin by asking you about yourself/the [age] year old [gender].
	ENTI	ER PERSON NUMBER:
B2.	[IF E	MPLOYED; GO TO QUESTION B3]
	In wh	at month and year did you/did he/she last work at a job for pay?
	MOI YEA	NTH: AR:

B2A. Do you/Does he/she currently want a job, either full or part time?

] YES OR MAYBE, IT DEPENDS
] NO
] RETIRED
DISABLED
UNABLE TO WORK
1 DON'T KNOW

[ ] NEVER WORKED

B2B.	What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	[ ] LOOKING FOR WORK [ ] DISABLED [ ] RETIRED [ ] ILL [ ] IN SCHOOL [ ] TAKING CARE OF A HOUSE OR FAMILY [ ] SOMETHING ELSE ▶  B2c. What is that?
B3.	Are you/Is he/she self-employed, working for someone else, or both?
	<ul> <li>[ ] SELF-EMPLOYED(GO TO B6)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED</li> </ul>
B4.	(Excluding self employment) Do you/Does he/she currently have more than one employer?
	[ ] YES [ ] NO
B5.	[IF B4=NO THEN GO TO B6] Do you/Does he/she usually work at least 35 hours per week for any one employer?
	[ ] YES [ ] NO
B6.	(Considering all the jobs you have/he has/she has/ right now, including self-employment,) how many hours per week do you/does he/she usually work?
	NUMBER OF HOURS:
B6a.	Do you/Does he/she receive this health insurance coverage through your/his/her employment?  [ ] YES (GO TO A6b)
	[ ] NO
B6a1.	Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?
	[ ] YES [ ] NO (GO TO QUESTION B6d)

B6a2.	2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?							
		TO QUESTI KNOW (GO						
B6a3.	Is this employer o	ffered health	insurance just for yourself/himself	f/herself or o	could it be	e for your/his/h	er family?	
	[ ] JUST SE [ ] FAMILY [ ] DON'T I	<i>r</i>						
B6a4.	For each of the fo health insurance co	_	ns, please tell me if it is a reason v	why you do/	he does/s	he does not get	this	
				<u>YES</u>	NO	DON'T KNOW		
		Is it too expe	ensive?	[ ]	[ ]			
	a. b.		efits offered through this health sufficient to meet your/his/her	[ ]	[ ]	[]		
	c.	=	as he/she traded health insurance benefit such as higher pay?	[ ]	[ ]	[ ]		
	d.	Is health ins	urance not needed because no would be covered is healthy?	[ ]	[]	[ ]		
	e.		urance not needed because you h care for free?	[ ]	[]	[ ]		
B6a5.	Is there any other	reason you do	o/he does/she does not get this hea	lth insuranc	e coverag	ge?		
	[ ] YES [ ] NO	-	What are those reasons? (Probe	for up to 3	reasons)			

[ ] DON'T KNOW (GO TO QUESTION B6d)

[GO TO QUESTION B6d]

66

B6a6.	For each of the fol insurance coverage	_	ns, please tell me if it is a reason w	hy you/he	/she canno	ot get this health
				<u>YES</u>	NO	DON'T <u>KNOW</u>
	a.	•	Ias he/Has she not yet worked n for the employer to qualify for ance?	[ ]	[]	[]
	b.	not qualify	her specific job, one that does for health insurance as it is a temporary job?	[ ]	[ ]	[]
	c.	Do you/Doe hours per w	Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?		[ ]	[]
	d.	Do you/Doe existing con	es he/Does she have a pre- dition that makes you/he/she r health insurance?	[ ]	[]	[ ]
B6a7.	Is there some other	r reason you/ł	ne/she cannot get this health insura	ince covera	nge?	
	[ ] YES [ ] NO	_	What are those reasons? (Probe f	for up to 3	reasons)	
[GO T	O QUESTION B6	d]				
B6d.	IF MORE THAN O	ONE EMPLOY	ER (B4) <u>AND</u> ELIGIBLE FOR INS	SURANCE	(B6a.) RE	AD:
	Please answer the finsurance coverage	• .	tions about the company through wh	hich you ar	re/this pers	on is eligible for healt
	IF MORE THAN C	ONE EMPLOY	ER (B4) <u>AND</u> <b>NOT</b> ELIGIBLE FO	R INSURA	ANCE (B6a	a) READ:
	Please answer the f	following ques	tions about your/this person's main	employer.		
	OTHERWISE GO	то в7				

B7.	Considering <u>all</u> the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?						
	[ ] LESS THAN 10	[ ] 100 – 499					
	[ ] 10 – 49	[ ] 500 – 999					
	[ ] 50 – 99	[ ] 1,000 OR MORE					
		[ ] DON'T KNOW					
B7a.		bu/he/she work(s), is the number of people employed by this 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?					
	[ ] LESS THAN 10	[ ] 100 – 499					
	[ ] 10 – 49	[ ] 500 – 999					
	[ ] 50 – 99	[ ] 1000 OR MORE					
		[ ] DON'T KNOW					
B8.	What kind of industry is this? [Probe: WI	hat do they do or make?]					
B9.	What kind of work do you/does he/she do your/his/her duties or responsibilities?]	e; that is, what is your/his/her occupation? [Probe: What are					
B10.	Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?						
	[ ] LESS THAN 1 YEAR						
	[ ] 1-5 YEARS						
	[ ] MORE THAN 5 YEARS						
	[ ] DON'T KNOW						
B11.	Have you/Has this person ever had health	insurance or been in a program that helped pay for medical costs?					
	[ ]YES						
	[ ] NO (GO TO QUESTION B12a)						
B12.	In what year did you/this person last have	some kind of health care coverage?					
	YEAR:( <b>GO</b> TO	D B13; IF 2000 OR EARLIER, GO TO B14)					
	[ ] NEVER (GO TO B12a)						
B12a.	Have you/this person ever tried to get healt	h insurance coverage?					
	[ ] YES (GO TO QUESTION B20)						

B13.	3. About what month did you/this person last have some kind of health care coverage?							
	MONTH:							
B14.	When you/this person last had health care coverage, was it obtained through an employer?							
	[ ] YES <b>(GO TO B16a1)</b> [ ] NO							
B15.	Was this health insurance obtained through (READ FOR EACH	I CAT	ΈG	ORY	<i>(</i> )			
		YES	S	N	О			
A.Mas	ssHealth, Medicaid, or CommonHealth?	[	]	[	]	(IF YES, GO TO B16)		
tho	MassHealth or Medicaid sponsored program or HMO such as ose offered through the Neighborhood Health Plan, Fallon, BMC ealth Net, Network Health?	[	]	[	]	(IF YES, GO TO B16)		
C.Med	licare?	[	]	[	]	(IF YES, GO TO B16a)		
D.CH	AMPUS, CHAMPUS VA, VA or other military plans?	[	]	[	]	(IF YES, GO TO B16a)		
E.Purc	chasing it directly from an insurance company or insurance ent.	[	]	[	]	(IF YES, GO TO B16a)		
	roup such as a labor union, professional association or other oup \( \subseteq \)  NAME?	[	]	[	]	(IF YES, GO TO B16a)		
G.Som	ne other method  SPECIFY?	[	]	[	]	(GO TO B16a)		
	What was the month and year of the most recent enrollment to Minsurance coverage?	edicai	d, o	r Ma	assF	Health for this health		
	MONTH:							
	YEAR: [GO TO B16a]							
B16a.	What was the name of the company or HMO with whom you/this	s perso	on h	ad tl	nis l	health insurance?		
(	COMPANY NAME:							

[ ] NO (GO TO QUESTION B20)

B19.	What change in situation l	appened so you/this person no longer had health care coverage?				
	[IF YES TO B15A, GO	O B19a]				
B19a1	,	t 12 months, have you/this person been enrolled in MassHealth, Medicaid, assHealth HMO such as those offered through the Neighborhood Health Plan, r Network Health?				
	[ ] YES [ ] NO [ ] DON'T KNOW					
B19a.	[If person last had insurance prior to 1999, (from B12) go to B20] Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the <u>only</u> time in the last 3 years you/this person did not have health insurance?					
	ONLY TIME (GO	ΓΟ QUESTION B20)				
B19b.	Within the last 3 years, he health insurance?	w many other periods of time were there in which you/this person did not have				
	[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 OR MORE					
B20.	We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?					
	YEAR:	_(IF 2000 OR EARLIER, GO TO B22)				
B21.	In what month was that?					
	MONTH:					
B22.	-	LTH INSURANCE (B12), GO TO QUESTION B23] Was that before or after wing any kind of health care coverage?				

	[ ] BEFORE [ ] AFTER	(GO TO B25a)					
B23.		dical care you/th someplace else?		ived in a doctor's office, a	clinic, a	an emergency roo	om, as a patient
	[ ] CLINIC [ ] EMERGE [ ] PATIENT	C'S OFFICE ENCY ROOM IT IN HOSPITAL ACE ELSE: Who					_
B24.		our knowledge of aid for in some of		erson pay for this medical	care ou	at of pocket, was	it provided for
		JT OF POCKET ED FOR FREE:		ey receive this care?			_
	[ ] PAID BY	SOME OTHER	- R MANNER: 1 -	How was it paid for?			_
			-				_
hea	5. Have you ever ard about		without h you/has th	u have/this person has been ealth care coverage, have his person applied to have are or services provided by			
A.	MassHealth, Medicaid, or	[ ] Yes->	[ ] Yes ->		B27a.	Were you/was this p [ ] YES [ ] NO	

	Commonricanii:	[ ] No (SKIP TO B25b)	[ ] No ->	B28a. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ] YES [ ] NO [ ] DK					
			[ ] DON'T KNOW (SKIP TO B25b)						
В.	A program called FreeCare?	[ ] Yes->	IF 18+ YEARS GO TO B25C [ ] Yes ->	B27b. Were you/was this person accepted? [ ]YES [ ]NO [ ]DK					
		[ ] No (SKIP TO B25c)	[ ] No ->	B28b. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ]YES [ ]NO [ ]DK					
			[ ] DON'T KNOW (SKIP TO B25c)						
C.	The Medical Security Plan or MSP?	[ ] Yes ->	IF MALE GO TO B25D [ ] Yes ->	B27e. Were you/was this person accepted? [ ] YES [ ] NO [ ] DK					
		[ ] No (SKIP TO B29)	[ ] No ->	B28e. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ]YES [ ]NO [ ]DK					
			[ ] DON'T KNOW (SKIP TO B29)						
B30.	What is the most health care covera		our family/this person would be willing	ng and able to pay each month for					
			MITH						
	\$	PER MC	JN I H						
	[ ] DON'T KN	NOW							
П.	Health Service Utilization								
I ha	ve a few question	ns about your/t	he [age] year old [gender] use of hea	alth care services.					
B31.			ever a time when you/this person neederse, or other health care professional?	ed any type of medical care which is					
	[ ] YES [ ] NO ( <b>GO T</b>	O B34)							
B32.	32. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?								

Commonneaun:

	[ ] ALWAYS (GO TO B34) [ ] USUALLY [ ] SOMETIMES [ ] NEVER
B33.	When medical care was <b>not</b> received, was cost of care a big reason, a small reason, or not a reason at all?
	[ ] BIG REASON [ ] SMALL REASON [ ] NOT A REASON AT ALL
B34.	In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?
	NUMBER OF TIMES:(IF 0, GO TO B36)
B35.	When you/this person made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	[ ] PAID BY YOU/FAMILY/THAT PERSON
	[ ] PROVIDED FOR FREE: Where did they receive this care?
	[ ] PAID IN SOME OTHER MANNER: How was it paid for?

(Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?
[ ] YES [ ] NO (GO TO B38)
When you were/this person was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
<ul><li>[ ] PAID BY YOU/FAMILY/THAT PERSON</li><li>[ ] PROVIDED FOR FREE: Where did they receive this care?</li></ul>
[ ] PAID IN SOME OTHER MANNER: How was it paid for?
(Not counting all pregnancy, overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?
NUMBER OF TIMES:(IF 0 GO TO B40)
[ ] DON'T KNOW
To the best of your knowledge were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
<ul><li>[ ] PAID BY YOU/FAMILY/THAT PERSON</li><li>[ ] PROVIDED FOR FREE: Where did they receive this care?</li></ul>

	[ ] PAID IN SOME OTHER MANNER: How was it paid for?
B40.	In the past 12 months were you/was this person prescribed medication by a doctor?
	[ ] YES [ ] NO (GO TO QUESTION B42a)
B41.	Did you fill all, most, some, or none of these prescriptions?
	[ ] ALL [ ] MOST [ ] SOME [ ] NONE (GO TO QUESTION B42a)
B42.	To the best of your knowledge, were these prescriptions usually paid by you or your family/this person ou of pocket, where they provided for free, or were they paid for in some other manner?
	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	[ ] PAID IN SOME OTHER MANNER: How was it paid for?
B42a.	During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?
	NUMBER OF VISITS (IF 0 GO TO B42c)
B42b.	When you/this person made dental visits, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

\_ \_

	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	PAID IN SOME OTHER MANNER: How was it paid for?
B42c.	During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?
	NUMBER OF TREATMENTS(IF 0 GO TO B43)
B42d.	When you/this person received mental health services, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	PAID IN SOME OTHER MANNER: How was it paid for?
II.	Health Status
I just	have a few more questions about your/their health status.
B43.	(Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO (GO TO B46)
B44.	In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

	NUMBER OF TIMES:
B45.	Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
B46.	Has a doctor or other medical care giver ever diagnosed you/this person with <u>any</u> medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?
	[ ] YES [ ] NO (GO TO B48)
B47.	What condition is that? [Probe: Anything else?]
B48.	In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?
	<ul><li>[ ] EXCELLENT</li><li>[ ] VERY GOOD</li><li>[ ] GOOD</li><li>[ ] FAIR</li><li>[ ] POOR</li></ul>

[INTERVIEWER CHECK: IF MORE UNINSURED ADULTS IN HOUSEHOLD, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.

IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

#### **UNINSURED SECTION #2**

## [NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE $2^{nd}$ UNINSURED PERSON 18 OR OVER]

**Employment and Insurance** 

B100.	[INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]
B102.	The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].
	ENTER PERSON NUMBER:
B104.	[IF EMPLOYED; GO TO QUESTION B106] In what month and year did you/did he/she last work at a job for pay?
	MONTH: YEAR: [ ] NEVER WORKED
B104a	Do you/Does he/she currently want a job, either full or part time?
	<ul> <li>[ ] YES OR MAYBE, IT DEPENDS</li> <li>[ ] NO</li> <li>[ ] RETIRED</li> <li>[ ] DISABLED</li> <li>[ ] UNABLE TO WORK</li> <li>[ ] DON'T KNOW</li> </ul>
B104b.	What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	<ul> <li>[ ] LOOKING FOR WORK</li> <li>[ ] DISABLED</li> <li>[ ] RETIRED</li> <li>[ ] ILL</li> <li>[ ] IN SCHOOL</li> <li>[ ] TAKING CARE OF A HOUSE OR FAMILY</li> <li>[ ] SOMETHING ELSE ▶</li> <li>B104c. What is that?</li> </ul>

B106.	You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or both?
	<ul> <li>[ ] SELF EMPLOYED (GO TO B112)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] WORKING FOR AN EMPLOYER AND SELF EMPLOYED</li> </ul>
B108.	(Excluding self employment) Do you/Does he/she currently have more than one employer?
	[ ]YES [ ]NO
B110.	[IF B108=NO THEN GO TO B112] Do you/Does he/she usually work at least 35 hours per week for any <u>one</u> employer?
	[ ] YES [ ] NO
B112.	(Considering all the jobs you have/he/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?
	NUMBER OF HOURS:
B114.	Do you/Does he/she receive this health insurance coverage through your/his/her employment?
	[ ] YES (GO TO B120) [ ] NO
B114a	1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to <u>any</u> of its/their employees?
	[ ] YES [ ] NO (GO TO QUESTION B120) [ ] DON'T KNOW (GO TO QUESTION B120)
B114a	2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?
	[ ] YES [ ] NO (GO TO QUESTION B114a6) [ ] DON'T KNOW (GO TO B120)

B114a2.	Is this employ family?	er offered hea	alth insurance just for yourself/him	nself/hersel	f or could	it be for your/h	is/her
	[ ] JUST SE [ ] FAMILY [ ] DON'T I	7					
B114a4.	For each of the health insuran		easons, please tell me if it is a reas	on why you	u do/he do	es/she does not	get th
				YES	<u>NO</u>	DON'T KNOW	
	a.	Is it too exp	ensive?	[ ]	[]	[]	
	b.		efits offered through this health sufficient to meet your/his/her	[ ]	[]	[ ]	
	c.	Have you/H	as he/she traded health insurance benefit such as higher pay?	[ ]	[ ]	[ ]	
	d.	Is health ins	urance not needed because	[ ]	[ ]	[ ]	
	e.	Is health ins	ho would be covered is healthy? urance not needed because you th care for free?	[ ]	[ ]	[ ]	
B114a5.	Is there any ot	ther reason yo	ou do/he does/she does not get this	health insu	rance cov	erage?	
	[ ] YES [ ] NO	-	What are those reasons? (Probe	for up to 3	reasons)		
[GO TO	QUESTION B1	20]					
B114a6.	For each of the insurance cover	_	easons, please tell me if it is a reas	on why you	u/he/she ca	annot get this he	alth
				<u>YES</u>	NO	DON'T KNOW	
	a	•	Has he/Has she not yet worked h for the employer to qualify for cance?	[]	[ ]	[]	
	b.	Is your/his/	her specific job, one that does for health insurance as it is a	[ ]	[]	[ ]	

this

c. Do you/Do hours per v qualify for d. Do you/Do existing co	temporary job?  ses he/Does she not work enough week or weeks per year to health insurance?  ses he/Does she have a pre- midition that makes you/he/she or health insurance?	[ ]	[]	[ ]	
B114a7. Is there some other reason y	you/he/she cannot get this health in What are those reasons? (Probe		_		
[ ] NO					
[GO TO QUESTION B120]					
insurance coverage.	YER (B108) <u>AND</u> ELIGIBLE FOR stions about the company through we have the company through when the company through when the company through when the company through when the company through the company the	vhich you are	e/this person	n is eligible for	health
	stions about your/this person's mair		direct (D	TTI) KL/ID.	
OTHERWISE GO TO B124					
B124. Considering <u>all</u> the locations the employed by this company less	nat this company may have across s than 10, 10 to 49, 50 to 99, 100		-	-	-
[ ] LESS THAN 10 [ ] 10 – 49 [ ] 50 – 99					
B124a. Considering just the location at company at this single location	t which you/he/she work(s), is the less than 10, 10 to 49, 50 to 99, 1				
[ ] LESS THAN 10 [ ] 10 – 49 [ ] 50 – 99	2 3				

B126.	What kind of industry is this? [Probe: What do they do or make?]			
B128.	What kind of work do you/does he/she do; that is what is your/his/your/his/her duties or responsibilities?]	-		
B130.	Have you/Has this person worked for this company for less than o years?			
D100	[ ] LESS THAN 1 YEAR [ ] 1-5 YEARS [ ] MORE THAN 5 YEARS [ ] DON'T KNOW			
B132.	Have you/Has this person ever had health insurance or been in a pr  [ ] YES [ ] NO (GO TO QUESTION B135)	ogram the	at helpec	d pay for medical costs?
B134.	In what year did you/this person last have some kind of health care	coverage	?	
	YEAR:(GO TO B136, IF 2000 OR EAF	RLIER, G	O TO I	3138)
	[ ] NEVER (GO TO B135)			
B135.	Have you/this person ever tried to get health insurance coverage?			
	[ ] YES (GO TO QUESTION B150) [ ] NO (GO TO QUESTION B150)			
B136.	About what month did you/this person last have some kind of healt	th care co	verage?	
	MONTH:			
B138.	When you/this person last had health care coverage, was it obtained	d through	an empl	loyer?
	[ ] YES <b>(GO TO B140a)</b> [ ] NO			
B139.	Was this health insurance obtained through			
	<i>J</i> ···	YES	NO	
				İ

A.M	lassHealth, Medicaid, or CommonHealth?	[	]	[	]	(IF YES, GO TO B140)
t	MassHealth or Medicaid sponsored program or HMO such as hose offered through the Neighborhood Health Plan, Fallon, BMC HealthNet, or Network Health?	[	]	[	]	(IF YES, GO TO B140)
C.M	edicare?	[	]	[	]	(IF YES, GO TO B141)
D.C	HAMPUS, CHAMPUS VA, VA or other military plans?	[	]	[	]	(IF YES, GO TO B141)
	archasing it directly from an insurance company or insurance agent.	[	]	[	]	(IF YES, GO TO B141)
	group such as a labor union, professional association or other group  What group was that?	[	]	[	]	(IF YES, GO TO B141)
G.Sc	ome other method  **What was that?	[	]	[	]	(GO TO B141)
	insurance coverage?  MONTH:  YEAR: [GO TO B141]  What was the name of the health insurance company or HMO with COMPANY NAME:  What change in situation happened so you/this person no longer ha		_			
B143.	[IF YES TO B139A, GO TO B149]  At any time during the last 12 months, have you/this person been of CommonHealth, or any MassHealth HMO such as those offered the					

<b>[IF PE]</b> B149.	RSON LAST HAD INSURANCE PRIOR TO 1999 (FROM B134) GO TO B150] Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the <u>only</u> time in the last 3 years you/this person did not have health insurance?
	[ ] OTHER TIMES [ ] ONLY TIME (GO TO QUESTION B150)
B149a.	Within the last 3 years, how many <u>other</u> periods of time were there in which you/this person did not have health insurance?
	[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 OR MORE
B150.	We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?
	YEAR:(IF 2000 OR EARLIER, GO TO B154)
B152.	In what month was that?
	MONTH:
B154.	[IF "NEVER" HAD HEALTH INSURANCE (B134), GO TO QUESTION B156] Was that before or afte you/this person stopped having any kind of health care coverage?
	[ ] BEFORE (GO TO B160a) [ ] AFTER
B156.	Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?
	<ul> <li>[ ] DOCTOR'S OFFICE</li> <li>[ ] CLINIC</li> <li>[ ] EMERGENCY ROOM</li> <li>[ ] PATIENT IN HOSPITAL</li> <li>[ ] SOMEPLACE ELSE: Where was that?</li> </ul>

[ ] DON'T KNOW

B158.		the best of your knowledge, did you/this free, or was it paid for in some other man	person pay for this medical care out of pocket, was it proviner?	ided
	[	] PAID OUT OF POCKET ] PROVIDED FOR FREE: Where did th	ey receive this care?	
	[	] PAID BY SOME OTHER MANNER:	How was it paid for?	

ever heard about		health care coverage, have you/has this person applied to have medical care or services provided by	
A. MassHealth, Medicaid, or	[ ] Yes ->	[ ] Yes->	B164a. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
CommonHeal th?	[ ] No (SKIP TO B160b)	[ ] No ->	B166a. As far as you know, are you/is this person eligible to have any medical care or services provide by  [ ] YES [ ] NO [ ] DK
		[ ] DON'T KNOW (SKIP TO B160b)	
B. A program called	[ ] Yes->	IF 18+ YEARS GO TO B160C [ ] Yes ->	B164b. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
FreeCare?	[ ] No (SKIP TO B160c)	[ ] No ->	B166b. As far as you know, are you/is this person eligible to have any medical care or services provide by  [ ] YES [ ] NO [ ] DK
		[ ] DON'T KNOW (SKIP TO B160c)	
C. The Medical Security	[ ] Yes->	IF MALE GO TO B160D  [ ] Yes ->	B164e. Were you/was this person accepted
Plan or MSP?	[ ] No (SKIP TO B216)	[ ] No ->	B166e. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ] YES [ ] NO [ ] DK
		[ ] DON'T KNOW (SKIP TO B216)	
to get heal  [ ] YES [ ] NO [ ] DON  B218. What is the	th care coverage?  (GO TO B219a)  N'T KNOW (GO	made available, would you/your family/this particle.  TO B219a)  you/your family/this person would be willing	
\$	PEF	RMONTH	
[ ] DOI	N'T KNOW		
II. Health S	ervice Utilization	ı	
I have a few que	estions about you	r/the [age] year old [gender] use of health	care services.
		nere ever a time when you/this person needed r, nurse, or other health care professional?	any type of medical care which is

[ ] YES

B222.	When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive it?
	[ ] ALWAYS (GO TO B226) [ ] USUALLY [ ] SOMETIMES [ ] NEVER
B224.	When medical care was <b>not</b> received, was cost of care a big reason, a small reason, or not a reason at all?
	<ul><li>[ ] BIG REASON</li><li>[ ] SMALL REASON</li><li>[ ] NOT A REASON AT ALL</li></ul>
B226.	In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?
	NUMBER OF TIMES:[IF 0, GO TO B230]
B228.	When you/this person made hospital emergency room visits, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul><li>[ ] PAID BY YOU/FAMILY/THAT PERSON</li><li>[ ] PROVIDED FOR FREE: Where did they receive this care?</li></ul>
	PAID IN SOME OTHER MANNER: How was it paid for?
B230.	(Not including giving birth) In the past 12 months, have you/this person been a patient overnight in a hospital?
	[ ] YES [ ] NO (GO TO B234)

[ ] NO (GO 1O B226)

		pital stay usually paid for by you or your vere they paid for in some other manner?	family/this person out of pocket, were they provided for free,
	_	] PAID BY YOU/FAMILY/THAT PERS ] PROVIDED FOR FREE: Where did the	
	[	] PAID IN SOME OTHER MANNER:	How was it paid for?
B234.			al and excluding emergency room visits) In the past 12 months, isits to a doctor's office for medical treatment?
	NU	JMBER OF TIMES:	_(IF 0 GO TO B238)
	[	] DON'T KNOW	
B236.		the best of your knowledge, were these very provided for free, or were they paid for	visits paid by you or your family/this person out of pocket, were in some other manner?
	[	] PAID BY YOU/FAMILY/THAT PER ] PROVIDED FOR FREE: Where did the	
	[	] PAID IN SOME OTHER MANNER:	How was it paid for?
B238.	In	the past 12 months were you/was this per	rson prescribed medication by a doctor?
	[	] YES ] NO <b>(GO TO QUESTION B242a)</b>	

B232. When you were/this person was a patient overnight in a hospital, to the best of your knowledge, was the

B240.	Did you fill all, most, some, or none of these	prescriptions?
	[ ] ALL [ ] MOST [ ] SOME [ ] NONE (GO TO QUESTION B242a)	
B242.	To the best of your knowledge, were these p of pocket, where they provided for free, or w	prescriptions usually paid by you or your family/this person out were they paid for in some other manner?
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did th	
	[ ] PAID IN SOME OTHER MANNER:	How was it paid for?
B242a		did you/he/she see a dentist or dental hygienist?
	NUMBER OF VISITS	(IF 0 GO TO B242c)
B242b		o the best of your knowledge were these visits usually paid for ocket, were they provided for free, or were they paid for in
	[ ] PAID BY YOU/FAMILY/THAT PE [ ] PROVIDED FOR FREE: Where did t	
	[ ] PAID IN SOME OTHER MANNER:	How was it paid for?
B242c	. During the last 12 months, including treatme received mental health services?	nt for substance abuse, how many times have you/he/she
	NUMBER OF TREATMENTS	(IF 0 GO TO B244)

B242d	. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	[ ] PAID IN SOME OTHER MANNER: How was it paid for?
B242d	. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	PAID IN SOME OTHER MANNER: How was it paid for?
II.	Health Status
I just	have a few more questions about your/their health status.
B244.	(Not counting pregnancy) do you/does this person now have any medical conditions , including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO (GO TO B250)
B246.	In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?
	NUMBER OF TIMES:
B248.	Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[ ] YES [ ] NO

B250.	Has a doctor or other medical care giver ever diagnosed you/this person with <u>any</u> medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?
	[ ] YES [ ] NO (GO TO B254)
B252.	What condition is that? [Probe: Anything else?]
B254.	In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?
	[ ] EXCELLENT
	[ ] VERY GOOD
	[ ] GOOD
	[ ] FAIR [ ] POOR

[INTERVIEWER CHECK: IF THERE ARE MORE UNINSURED ADULTS, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.

IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP AND CHECK FLAP FOR NEXT NEEDED SECTION]

#### **UNINSURED SECTION #3**

# [NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE $3^{\rm rd}$ Uninsured person 18 or over]

Emplo	yment and Insurance
B300.	[INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]
B302.	The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].
	ENTER PERSON NUMBER:
B304.	[IF EMPLOYED; GO TO QUESTION B306]
	In what month and year did you/did he/she last work at a job for pay?
	MONTH:
	YEAR:
	[ ] NEVER WORKED
B304a	Do you/Does he/she currently want a job, either full or part time?
	<ul> <li>[ ] YES OR MAYBE, IT DEPENDS</li> <li>[ ] NO</li> <li>[ ] RETIRED</li> <li>[ ] DISABLED</li> <li>[ ] UNABLE TO WORK</li> <li>[ ] DON'T KNOW</li> </ul>
B304b	. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	[ ] LOOKING FOR WORK [ ] DISABLED [ ] RETIRED [ ] ILL [ ] IN SCHOOL [ ] TAKING CARE OF A HOUSE OR FAMILY [ ] SOMETHING ELSE ▶  B304c. What is that?

B306.	You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or of both?
	<ul> <li>[ ] SELF EMPLOYED(GO TO B312)</li> <li>[ ] WORKING FOR SOMEONE ELSE</li> <li>[ ] WORKING FOR AN EMPLOYER AND SELF EMPLOYED</li> </ul>
B308.	(Excluding self employment) Do you/Does he/she currently have more than one employer?
	[ ] YES [ ] NO
B310.	[IF B308=NO THEN GO TO B312] Do you/Does he/she usually work at least 35 hours per week for any <u>one</u> employer?
	[ ] YES [ ] NO
B312.	(Considering all the jobs you have/he/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?
	NUMBER OF HOURS:
B314a.	Do you/Does he/she receive this health insurance coverage through your/his/her employment?
	[ ] YES (GO TO B320) [ ] NO
B314a1	. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?
	<ul><li>[ ] YES</li><li>[ ] NO (GO TO QUESTION B320)</li><li>[ ] DON'T KNOW (GO TO QUESTION B320)</li></ul>
B314a2	. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?
	[ ] YES [ ] NO (GO TO QUESTION B314a6) [ ] DON'T KNOW (GO TO B320)

	[ ] JUST SELF [ ] FAMILY [ ] DON'T KNOW				
B314a4. For each of the fol health insurance co	lowing reasons, please tell me if it is a reason v verage.	why you do/h	ie does/sh	ne does not get	: this
	Is it too expensive?	YES	<u>NO</u> [ ]	DON'T <u>KNOW</u> [ ]	
a. b.	Are the benefits offered through this health insurance insufficient to meet your/his/her needs?	[ ]	[]	[]	
c.	Have you/Has he/she traded health insurance for another benefit such as higher pay?		[]	[]	
d. e.	Is health insurance not needed because everyone who would be covered is healthy?  Is health insurance not needed because you	[]	[]	[]	
B314a5. Is there any other r	can get health care for free?  reason you do/he does/she does not get this hear				
	[ ] YES _ What are those reasons [ ] NO	S? (FIOUE IOI	. up to 3 i	Teasons)	
[GO TO QUESTION B32	0]				
B314a6. For each of the folinsurance coverage	lowing reasons, please tell me if it is a reason w?	vhy you/he/sl	he cannot	t get this health	n
		<u>YES</u>	<u>NO</u>	DON'T <u>KNOW</u>	
a	Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?	[]	[]	[ ]	
b.	Is your/his/her specific job, one that does	[ ]	[ ]	[ ]	

B314a3. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her

family?

	c.	contract or tempo Do you/Does he/I	Does she not work enough r weeks per year to	[]	[ ]	[ ]	
	d.	Do you/Does he/I	Does she have a pre- that makes you/he/she	[]	[ ]	[ ]	
D214	7.1.4	7. / 1			9		
B314a	7. Is there some other	reason you/he/she c	what are those reasons?		-	easons)	
[GO T	O QUESTION B320	]					
B320.			08) <u>AND</u> ELIGIBLE FOR INStruct the company through which				health
		`	08) <u>AND</u> <b>NOT</b> ELIGIBLE FO out your/this person's main er		ANCE (B31	4) READ:	
	OTHERWISE GO TO	) B324					
B324.	_		ompany may have across the , 10 to 49, 50 to 99, 100 to 4			_	_
	[ ] LESS THAT [ ] 10 – 49 [ ] 50 – 99	N 10	[ ] 100 – 499 [ ] 500 – 999 [ ] 1,000 OR [ ] DON'T K				
B324a			you/he/she work(s), is the nun 10, 10 to 49, 50 to 99, 100	-		•	ore?
	[ ] LESS THAN [ ] 10 – 49 [ ] 50 – 99	N 10	[ ] 100 – 499 [ ] 500 – 999 [ ] 1000 OR M [ ] DON'T K				

B326.	What kind of industry is this? [Probe: What do they do or make?]	
B328.	What kind of work do you/does he/she do; that is what is your/his/her occupation? [Probe: What were your/his/her duties or responsibilities?]	
B330.	Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?	
	<ul><li>[ ] LESS THAN 1 YEAR</li><li>[ ] 1-5 YEARS</li><li>[ ] MORE THAN 5 YEARS</li><li>[ ] DON'T KNOW</li></ul>	
B332.	Have you/Has this person ever had health insurance or been in a program that helped pay for medical co	sts?
	[ ] YES [ ] NO (GO TO QUESTION B335)	
B334.	In what year did you/this person last have some kind of health care coverage?	
	YEAR:(GO TO B336, IF 2000 OR EARLIER, GO TO B338)	
	[ ] NEVER (GO TO B335)	
B335.	Have you/this person ever tried to get health insurance coverage?	
	[ ] YES (GO TO QUESTION B350) [ ] NO (GO TO QUESTION B350)	
B336.	About what month did you/this person last have some kind of health care coverage?	
	MONTH:	
B338.	When you/this person last had health care coverage, was it obtained through an employer?	

[	] YES (GO TO B340a1)
[	] NO

B339. Was this health insurance obtained through...

	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO B340
B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon, BMC HealthNet, or Network Health?	[ ]	[ ]	(IF YES, GO TO B340
C.Medicare?	[ ]	[ ]	(IF YES, GO TO B341
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO B341
E.Purchasing it directly from an insurance company or insurance agent.	[ ]	[ ]	(IF YES, GO TO B341
F.A group such as a labor union, professional association or other group  What group was that?	[ ]	[ ]	(IF YES, GO TO B341
G.Some other method  What was that?	[ ]	[ ]	(GO TO B341)

	insurance coverage?	
	MONTH:	
	YEAR:	[GO TO B341]
B341.	What was the name of the	health insurance company or HMO with whom you had this health insurance?
	COMPANY NAME:	
B342.	What change in situation	nappened so you/this person no longer had health care coverage?
	[IF YES TO B339A, GO	TO B349a]
B343.		at 12 months, have you/this person been enrolled in MassHealth, Medicaid, lassHealth HMO such as those offered through the Neighborhood Health Plan, or Network Health?
	[ ] YES [ ] NO [ ] DON'T KNOW	
	[IF PERSON LAST HA	D INSURANCE PRIOR TO 1999 (FROM B334, GO TO B350)]
B349a	=	ave there been other periods of time in which you/this person did <u>not</u> have health ent period the <u>only</u> time in the last 3 years you/this person did not have health
	OTHER TIMES ONLY TIME (GO	TO QUESTION B350)
B349b	. Within the last 3 years, I health insurance?	now many other periods of time were there in which you/this person did not have
	[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 OR MORE	
B350.	We'd like to know when	you/this person last received any medical care in any setting — either a doctor's

office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last

B340. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health

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receive any medical care at all?

YE	AR:	(IF	2000 OR EARLIER, GO TO B354)	
B352.	In what	month was that?	MONTH:	
B354.	_		LTH INSURANCE (B334), GO TO QUESTION B356] Was that before or a ving any kind of health care coverage?	fter
[	] BEFOR	RE (GO TO B360)		
B356.		last medical care y n a hospital, or so	you/this person received in a doctor's office, a clinic, an emergency room, as a neplace else?	
	[ ] CL: [ ] EM [ ] PA	IERGENCY ROO TIENT IN HOSPI		
B358.			dge, did you/this person pay for this medical care out of pocket, was it provid a some other manner?	ed
		ID OUT OF POC OVIDED FOR FR	KET EE: Where did they receive this care?	
	[ ] PA	ID BY SOME OT	HER MANNER: How was it paid for?	

B360. Have you ever heard about				B362. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by	
A. MassHealth, Medicaid, or	[	]	Yes->	[ ] Yes->	B364a. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
CommonHealt h?	[	]	No (SKIP TO B360b	[ ] No ->	B366a. As far as you know, are you/is this person eligible to have any medical care or services provid by  [ ]YES [ ]NO [ ]DK
				[ ] DON'T KNOW (SKIP TO B360b)	
B. A program called	[	]	Yes ->	IF 18+ YEARS GO TO B360C [ ] Yes ->	B364b. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
FreeCare?	[	]	No (SKIP TO B360c)	[ ] No ->	B366b. As far as you know, are you/is this person eligible to have any medical care or services provid by  [ ]YES [ ]NO [ ]DK
				[ ] DON'T KNOW (SKIP TO B360c)	
C. The Medical Security	[	]	Yes ->	IF MALE GO TO B360D [ ] Yes ->	B364e. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
Plan or MSP?	[	]	No (SKIP TO B416)	[ ] No ->	B366e. As far as you know, are you/is this person eligible to have any medical care or services provid by  [ ]YES [ ]NO [ ]DK
				[ ] DON'T KNOW (SKIP TO B416)	

	to get health care coverage?
	[ ] YES [ ] NO (GO TO B419a) [ ] DON'T KNOW (GO TO B419a)
B418	. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?
	\$ PER MONTH
	[ ] DON'T KNOW
II.	Health Service Utilization
I hav	e a few questions about your/the [age] year old [gender] use of health care services.
B420	In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse, or other health care professional?
	[ ] YES [ ] NO (GO TO B426)
B422	. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive it?
	<ul><li>[ ] ALWAYS (GO TO B426)</li><li>[ ] USUALLY</li><li>[ ] SOMETIMES</li><li>[ ] NEVER</li></ul>
B424	. When medical care was <b>not</b> received, was cost of care a big reason, a small reason, or not a reason at all?
	<ul><li>[ ] BIG REASON</li><li>[ ] SMALL REASON</li><li>[ ] NOT A REASON AT ALL</li></ul>
B426	In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?
	NUMBER OF TIMES: [IF 0, GO TO B430]

B416. If low-cost health care were made available, would you/your family/this person be able to pay anything at all

	paid for in some other manner?	
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did	
	[ ] DAID IN COME OTHER MANNER	. Have weed it would for 9
	[ ] PAID IN SOME OTHER MANNER	——————————————————————————————————————
B430	. (Not including giving birth) In the past 12 m hospital?	nonths, have you/this person been a patient overnight in a
	[ ] YES [ ] NO ( <b>GO TO B434</b> )	
B432		vernight in a hospital, to the best of your knowledge was the ar family/this person out of pocket, were they provided for free?
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did	
	[ 1 PAID IN SOME OTHER MANNER	· How was it paid for?
B432	[ ] NO (GO TO B434)  . When you were/this person was a patient over hospital stay usually paid for by you or you or were they paid for in some other manner?  [ ] PAID BY YOU/FAMILY/THAT PER	RSON they receive this care?

B428. When you/this person made hospital emergency room visits, to the best of your knowledge were these visits

usually paid for by you or your family/this person out of pocket, were they provided for free, or were they

B434. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

	NUMBER OF TIMES:	_(IF 0 GO TO B438)
	[ ] DON'T KNOW	
B436.	To the best of your knowledge, were these very they provided for free, or were they paid for	visits paid by you or your family/this person out of pocket, were in some other manner?
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did the	
	[ ] PAID IN SOME OTHER MANNER:	How was it paid for?
B438.	In the past 12 months were you/was this per	rson prescribed medication by a doctor?
	[ ] YES [ ] NO (GO TO QUESTION B442a)	
B440.	Did you fill all, most, some, or none of these	e prescriptions?
	[ ] ALL [ ] MOST [ ] SOME [ ] NONE (GO TO QUESTION B442a)	
B442.	To the best of your knowledge, were these pof pocket, where they provided for free, or w	prescriptions usually paid by you or your family/this person out were they paid for in some other manner?
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did the	
	[ ] PAID IN SOME OTHER MANNER:	How was it paid for?

B442a.	During the last 12 months, how many times	s did you/he/she see a dentist or dental hygienist?
	NUMBER OF VISITS	(IF 0 GO TO B442c)
B442b.	· ·	o the best of your knowledge were these visits usually paid for ocket, were they provided for free, or were they paid for in
	[ ] PAID BY YOU/FAMILY/THAT PE [ ] PROVIDED FOR FREE: Where did to	
	[ ] PAID IN SOME OTHER MANNER:	
	During the last 12 months, including treatme received mental health services?	ent for substance abuse, how many times have you/he/she
	NUMBER OF TREATMENTS	(IF 0 GO TO B444)
		n services, to the best of your knowledge were these visits person out of pocket, were they provided for free, or were the
	[ ] PAID BY YOU/FAMILY/THAT PER [ ] PROVIDED FOR FREE: Where did the	
	[ ] PAID IN SOME OTHER MANNER:	How was it paid for?

### II. Health Status

I just have a few more questions about your/their health status.

(Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
[ ] YES [ ] NO (GO TO B450)

B446.	for any of these conditions?
	NUMBER OF TIMES:
B448.	Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
B450.	Has a doctor or other medical care giver ever diagnosed you/this person with <u>any</u> medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?
	[ ] YES [ ] NO (GO TO B454)
B452.	What condition is that? [Probe: Anything else?]
B454.	In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?
	<ul><li>[ ] EXCELLENT</li><li>[ ] VERY GOOD</li><li>[ ] GOOD</li><li>[ ] FAIR</li><li>[ ] POOR</li></ul>

[INTERVIEWER CHECK: IF THERE ARE MORE UNINSURED ADULTS, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.

IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

### **UNINSURED SECTION #4**

# [NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE $\mathbf{4}^{TH}$ UNINSURED PERSON 18 OR OVER]

Emplo	byment and Insurance
B500.	[INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]
B502.	The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].
	ENTER PERSON NUMBER:
B504.	[IF EMPLOYED; GO TO QUESTION B506]
	In what month and year did you/did he/she last work at a job for pay?
	MONTH:
	YEAR:
	[ ] NEVER WORKED
B504a	Do you/Does he/she currently want a job, either full or part time?
	<ul> <li>[ ] YES OR MAYBE, IT DEPENDS</li> <li>[ ] NO</li> <li>[ ] RETIRED</li> <li>[ ] DISABLED</li> <li>[ ] UNABLE TO WORK</li> <li>[ ] DON'T KNOW</li> </ul>
B504b	What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?
	<ul> <li>[ ] LOOKING FOR WORK</li> <li>[ ] DISABLED</li> <li>[ ] RETIRED</li> <li>[ ] ILL</li> <li>[ ] IN SCHOOL</li> <li>[ ] TAKING CARE OF A HOUSE OR FAMILY</li> <li>[ ] SOMETHING ELSE ▶</li> <li>B504c. What is that?</li></ul>

D.50.6			
B506.	You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or of both?		
	[ ] SELF EMPLOYED (GO TO B512)		
	[ ] WORKING FOR SOMEONE ELSE		
	[ ] WORKING FOR AN EMPLOYER AND SELF EMPLOYED		
B508.	(Excluding self employment) Do you/Does he/she currently have more than one employer?		
	[ ]YES		
	[ ] NO		
B510.	[IF B508=NO THEN GO TO B512]		
	Do you/Does he/she usually work at least 35 hours per week for any <b>one</b> employer?		
	[ ]YES		
	[ ] NO		
B512. (Considering all the jobs you have/he/she has right now, including self-employment,) how many week do you/does he/she usually work?			
	NUMBER OF HOURS:		
B514a.	. Do you/Does he/she receive this health insurance coverage through your/his/her employment?		
	[ ] YES (GO TO B520)		
	[ ] NO		
B514a	<ol> <li>Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to <u>any</u> of its/their employees?</li> </ol>		
	[ ] YES		
	NO (GO TO QUESTION B520)		
	[ ] DON'T KNOW (GO TO QUESTION B520)		
B514a	2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?		
	[ ] YES		
	NO (GO TO QUESTION B514a6)		
	[ ] DON'T KNOW (GO TO B520)		

4 4 7

B314a3.	family?	offered health insurance just for yourself/nimse	eli/nerseli (	or could it	be for your/his/h
	[ ] JUST SELF [ ] FAMILY [ ] DON'T KN				
B514a4.	For each of the for health insurance	ollowing reasons, please tell me if it is a reason coverage.	why you	do/he does	s/she does not get
			<u>YES</u>	<u>NO</u>	DON'T <u>KNOW</u>
	a.	Is it too expensive?	[ ]	[ ]	[ ]
	b.	Are the benefits offered through this health insurance insufficient to meet your/his/her needs?	[ ]	[ ]	[ ]
	c.	Have you/Has he/she traded health insurance for another benefit such as higher pay?	[ ]	[ ]	[]
	d.	Is health insurance not needed because	[ ]	[ ]	[]
	e.	everyone who would be covered is healthy? Is health insurance not needed because you can get health care for free?	[ ]	[ ]	[ ]
B514a5.	Is there any other	r reason you do/he does/she does not get this he	ealth insura	ance cover	rage?
	[ ] YES [ ] NO	_ What are those reasons? (Probe fo	r up to 3 re	easons)	
GO TO 3514a6.	QUESTION B520 For each of the fo	] ollowing reasons, please tell me if it is a reason	why you/l	he/she can	not get this health
	insurance covera	age?			
			<u>YES</u>	<u>NO</u>	DON'T <u>KNOW</u>
	a.	Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?	[]	[ ]	[ ]
	b.	Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job?	[ ]	[ ]	[]

	c.	hours per	Does he/Does she no r week or weeks per or health insurance?	•	[ ]	[]	[]	
	d.	Do you/I existing of	Does he/Does she ha condition that makes for health insurance	you/he/she	[ ]	[ ]	[ ]	
B514a	7. Is there some otl	ner reason y	/ou/he/she cannot ge	t this health insu	rance cov	erage?		
	[ ] YES [ ] NO	_	What are those reas	sons? (Probe for				
-	O QUESTION B520 IF MORE THAN ON	-	YER (B508) AND FI	JGIBLE FOR IN	SURANCI	E (B514) RF	AD:	
<b>B</b> 320.	Please answer the fol insurance coverage.		, ,			, ,		health
	IF MORE THAN ON	E EMPLO	YER (B508) <u>AND</u> <b>N</b> (	<b>OT</b> ELIGIBLE FO	R INSUR	ANCE (B51	4) READ:	
	Please answer the following	lowing que	stions about your/this	person's main er	nployer.			
	OTHERWISE GO TO	O B524						
B524.	Considering <u>all</u> the employed by this co			=			_	_
	[ ] LESS THA	N 10		[ ] 100 – 499				
	[ ] 10 – 49			[ ] 500 – 999				
	[ ] 50 – 99			[ ] 1,000 OR [ ] DON'T K				
B524a	. Considering just the company at this sing		•	* * *	-			
	[ ] LESS THA	N 10		[ ] 100 – 499				
	[ ] 10 – 49			[ ] 500 – 999				
	[ ] 50 – 99			[ ] 1000 OR N [ ] DON'T K				
B526.	What kind of indus	try is this?	[Probe: What do th	ey do or make?]				
B528.	What kind of work	do you/doe	es he/she do; that is	what is your/his/l	ner occupa	ation? [Prob	e: What wer	re

B528. What kind of work do you/does he/she do; that is what is your/his/her occupation? [Probe: What were your/his/her duties or responsibilities?]

B530	Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?							
	<ul><li>[ ] LESS THAN 1 YEAR</li><li>[ ] 1-5 YEARS</li><li>[ ] MORE THAN 5 YEARS</li><li>[ ] DON'T KNOW</li></ul>							
B532	Have you/Has this person ever had health insurance or been in a pro-	gram that	helped p	pay for medical costs?				
	[ ] YES [ ] NO (GO TO QUESTION B535)							
B534.	In what year did you/this person last have some kind of health care c	overage?						
	YEAR:(GO TO B536, IF 2000 OR EARI	LIER, GO	TO B5	38)				
	[ ] NEVER (GO TO B535)							
B535.	Have you/this person ever tried to get health insurance coverage?							
	[ ] YES (GO TO QUESTION B550) [ ] NO (GO TO QUESTION B550)							
B536	About what month did you/this person last have some kind of health	care cove	erage?					
	MONTH:							
B538.	When you/this person last had health care coverage, was it obtained	through a	n emplo	yer?				
	[ ] YES (GO TO B540a) [ ] NO							
B539.	Was this health insurance obtained through							
		YES	NO					
A	.MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO B54				

B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as

those offered through the Neighborhood Health Plan, Fallon, BMC

• • •

(IF YES, GO TO B540

C.Medicare?	[ ]	F 7						
		[ ]	(IF YES, GO TO B541					
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO B541					
E.Purchasing it directly from an insurance company or insurance agent.	[ ]	[ ]	(IF YES, GO TO B541					
F.A group such as a labor union, professional association or other group \(\sumething{\substack}\) What group was that?	[ ] -	[ ]	(IF YES, GO TO B541					
G.Some other method  What was that?	[ ]	[ ]	(GO TO B541)					
[IF PERSON LAST HAD INSURANCE PRIOR TO 1998 (FROM B5.8 B540. What was the month and year of the most recent enrollment to Me		-	lth for this health					
insurance coverage?								
MONTH:								
YEAR: [GO TO B541] B541. What was the name of the health insurance company or HMO with	YEAR: [GO TO B541] What was the name of the health insurance company or HMO with whom you had this health insurance?							
COMPANY NAME:								
B542. What change in situation happened so you/this person no longer ha	d health car	e covera	age?					
[IF YES TO B539A, GO TO B549a] B543. At any time during the last 12 months, have you/this person been commonHealth, or any MassHealth HMO such as those offered the Fallon, BMC HealthNet or Network Health?								
[ ] YES [ ] NO [ ] DON'T KNOW								

## [IF PERSON LAST HAD INSURANCE PRIOR TO 1999 (FROM B534), GO TO B550]

B549a. Within the last 3 years, have there been other periods of time in which you/this person did <u>not</u> have health insurance, or is this current period the <u>only</u> time in the last 3 years you/this person did not have health insurance?

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	[ ] OTHER TIMES [ ] ONLY TIME (GO TO QUESTION B550)
B549b	. Within the last 3 years, how many <u>other</u> periods of time were there in which you/this person did not have health insurance?
	[ ]1 [ ]2 [ ]3 [ ]4 [ ]5 OR MORE
B550.	We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?
YE	AR:(IF 2000 OR EARLIER, GO TO B554)
B552.	In what month was that? MONTH:
B554.	[IF "NEVER" HAD HEALTH INSURANCE (B534), GO TO QUESTION B556] Was that before or after you/this person stopped having any kind of health care coverage?
[	] BEFORE (GO TO B560) ] AFTER
B556.	Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?
	<ul> <li>[ ] DOCTOR'S OFFICE</li> <li>[ ] CLINIC</li> <li>[ ] EMERGENCY ROOM</li> <li>[ ] PATIENT IN HOSPITAL</li> <li>[ ] SOMEPLACE ELSE: Where was that?</li> </ul>
B558.	To the best of your knowledge, did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?
	[ ] PAID OUT OF POCKET [ ] PROVIDED FOR FREE: Where did they receive this care?

[	] PAID BY SOME OTHER MANNER:	How was it paid for?

B560. Have you ever heard about			B562. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by	
A. MassHealth, Medicaid, or	[ ]	Yes->	[ ] Yes->	B564a. Were you/was this person accepted [ ] YES [ ] NO [ ] DK
CommonHealth?	[ ] No (SKIP	No (SKIP TO B560b)	[ ] No ->	B566a. As far as you know, are you/is this person eligible to have any medic care or services provided by  [ ] YES [ ] NO [ ] DK
			[ ] DON'T KNOW (SKIP TO B560b)	
B. A program called	[ ]	Yes ->	IF 18+ YEARS GO TO B560C	B564b. Were you/was this person accepted

1 /

		[ ] No (SKIP TO B616)	[ ] No ->	B566b. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ]YES [ ]NO [ ]DK
			[ ] DON'T KNOW (SKIP TO B560c)	
C.	The Medical Security Plan	[ ] Yes ->	IF MALE GO TO B560D [ ] Yes ->	B564e. Were you/was this person accepted?
	or MSP?	[ ] No (SKIP TO B616)	[ ] No ->	B566e. As far as you know, are you/is this person eligible to have any medical care or services provided by  [ ]YES [ ]NO [ ]DK
			[ ] DON'T KNOW (SKIP TO B616)	
	to get health  [ ] YES [ ] NO (( [ ] DON)  8. What is the	a care coverage?  GO TO B620)  'T KNOW (GO To most you think you	made available, would you/your family/this per  TO B620)  You/your family/this person would be willing ar	
	health care	coverage?		
	\$	PER	MONTH	
	[ ] DON	'T KNOW		
II.	Health Sen	rvice Utilization		
I ha	ve a few que	estions about you	r/the [age] year old [gender] use of health c	are services.
B62	usually pro	vided by a doctor	as there ever a time when you/this person need, nurse, or other health care professional?	ed <u>any</u> type of medical care
B62	2. When med receive it?	GO TO B626) lical care was need	ded, did you/the [age] year old [gender] always,	usually, sometimes, or never

B624. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

	[ ] BIG REASON	
	[ ] SMALL REASON	
	NOT A REASON AT ALL	
	26. In the past 12 months, about how many times have you/has this person received care in a hospital emeroom?	gency
	NUMBER OF TIMES:[IF 0, GO TO B630]	
B628.	28. When you/this person made hospital emergency room visits, to the best of your knowledge were these usually paid for by you or your family/this person out of pocket, were they provided for free, or were paid for in some other manner?	
	[ ] PAID BY YOU/FAMILY/THAT PERSON	
	[ ] PROVIDED FOR FREE: Where did they receive this care?	
	[ ] PAID IN SOME OTHER MANNER: How was it paid for?	
B630.	0. (Not including giving birth) In the past 12 months, have you/this person been a patient overnight in a h	ospital?
	[ ] YES	
	[ ] NO ( <b>GO TO B634</b> )	
B632.	22. When you were/this person was a patient overnight in a hospital, to the best of your knowledge was th hospital stay usually paid for by you or your family/this person out of pocket, were they provided for or were they paid for in some other manner?	
	[ ] PAID RV VOI /FAMII V/THAT DEDSON	
	[ ] PAID BY YOU/FAMILY/THAT PERSON	
	[ ] PROVIDED FOR FREE: Where did they receive this care?	

	PAID IN SOME OTHER MANNER: How was it paid for?
B634.	(Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?
	NUMBER OF TIMES:(IF 0 GO TO B638)
	[ ] DON'T KNOW
B636.	To the best of your knowledge, were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul><li>[ ] PAID BY YOU/FAMILY/THAT PERSON</li><li>[ ] PROVIDED FOR FREE: Where did they receive this care?</li></ul>
	[ ] PAID IN SOME OTHER MANNER: How was it paid for?
B638.	In the past 12 months were you/was this person prescribed medication by a doctor?
	[ ] YES [ ] NO (GO TO QUESTION B642a)
B640.	Did you fill all, most, some, or none of these prescriptions?
	[ ] ALL [ ] MOST [ ] SOME [ ] NONE (GO TO QUESTION B642a)

B642. To the best of your knowledge, were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?

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[ ] PAID BY YOU/FAMILY/THAT PERSON [ ] PROVIDED FOR FREE: Where did they receive this care?
[ ] PAID IN SOME OTHER MANNER: How was it paid for?
B642a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?
NUMBER OF VISITS(IF 0 GO TO B642c)
B642b. When you/this person made dental visits, to the best of your knowledge were these visits usually paid by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
PAID IN SOME OTHER MANNER: How was it paid for?
B642c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?
NUMBER OF TREATMENTS(IF 0 GO TO B644)

B642d	I. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
	<ul> <li>PAID BY YOU/FAMILY/THAT PERSON</li> <li>PROVIDED FOR FREE: Where did they receive this care?</li> </ul>
	PAID IN SOME OTHER MANNER: How was it paid for?
II.	Health Status
I just	have a few more questions about your/their health status.
B644.	(Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO (GO TO B650)
B646.	In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?
	NUMBER OF TIMES:
B648.	Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
B650.	Has a doctor or other medical care giver ever diagnosed you/this person with <u>any</u> medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?
	[ ] YES [ ] NO (GO TO B654)
B652.	What condition is that? [Probe: Anything else?]

B654.	In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?
	<ul><li>[ ] EXCELLENT</li><li>[ ] VERY GOOD</li><li>[ ] GOOD</li><li>[ ] FAIR</li><li>[ ] POOR</li></ul>

[INTERVIEWER CHECK: IF MORE UNINSURED ADULTS IN HOUSEHOLD, ADD UNINSURED SECTIONS.

IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

#### RANDOM UNINSURED CHILD SECTION

## [NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE SELECTED UNINSURED CHILD UNDER 18. IF NO UNINSURED CHILD, CHECK FLAP FOR NEXT NEEDED SECTION TO COMPLETE]

B700.	[INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]
B702.	(Next), I'd like to get information about the [age] year old [gender].
	ENTER PERSON NUMBER:
BC11.	Has this child ever had health insurance or been in a program that helped pay for medical costs?
	[ ] YES [ ] NO (GO TO QUESTION BC12a)
BC12.	In what year did this child last have some kind of health care coverage?
	YEAR:(GO TO BC13, IF 2000 OR EARLIER, GO TO BC14)
	[ ] NEVER (GO TO BC12a)
BC12a	. Has anyone ever tried to get health insurance coverage for this child?  [ ] YES (GO TO QUESTION BC20)  [ ] NO (GO TO QUESTION BC20)
BC13.	About what month did this child last have some kind of health care coverage?
	MONTH:
BC14.	When this child last had health care coverage, was it obtained through someone's employer?
	[ ] YES (GO TO BC16a1) [ ] NO

BC15. Was this health insurance obtained through			
	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[ ]	[ ]	(IF YES, GO TO BC16
B.a <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon, BMC HealthNet, or Network Health?	[ ]	[ ]	(IF YES, GO TO BC16
C.Medicare?	[ ]	[ ]	(IF YES, GO TO BC16
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[ ]	[ ]	(IF YES, GO TO BC16
E.Purchasing it directly from an insurance company or insurance agent.	[ ]	[ ]	(IF YES, GO TO BC16
F.A group such as a labor union, professional association or other group  What group was that?	[ ]	[ ]	(IF YES, GO TO BC16
G.Some other method  What was that?	[ ]	[ ]	(GO TO BC16a)
BC16. What was the month and year of the most recent enrollment to Med insurance coverage?  MONTH:	licaid or N	MassHe	alth for this health
YEAR:			
BC16a. What was the name of the health insurance company or HMO w  COMPANY NAME:  BC19 What change in situation happened so this child no longer had health			ad this health insurance?
[IF BC15A =YES GO TO BC19a] BC19a1. At any time during the last 12 months, has this child been enroll CommonHealth or any MassHealth HMO such as those offered Fallon, BMC HealthNet, or Network Health?	ed in Ma	ssHealtl	h, Medicaid,
[ ] YES			

nild did <u>not</u> have health person did not have health
ocison and not have nearth
this child did not have health
– either a doctor's office, a ld last receive any medical
23] Was that before or after
gency room, as a patient in a

[ ] PAID BY	? SOMI	E OTHER M.	ANN	ER: How was it paid for?	
BC25a. Have you ever heard about			BC2	6. Since this child has been without health care coverage, has this child applied to have medical care or services provided by	
A. MassHealth, Medicaid, or	[ ]	Yes ->	[ ]	Yes ->	BC27a. Was this child accepted? [ ] YES [ ] NO [ ] DK
CommonHealth?	[ ]	No (SKIP TO BC25b)	[ ]	No ->	BC28a. As far as you know, is this child eligible to have any medical c services provided by  [ ]YES [ ]NO [ ]DK
			[ ]	DON'T KNOW (SKIP TO BC25b)	
B. A program called	[ ]	Yes ->	[ ]	Yes->	BC27b. Was this child accepted? [ ]YES [ ]NO [ ]DK
FreeCare?	[ ]	No (SKIP TO BC25c)	[ ]	No ->	BC28b As far as you know, is this chile eligible to have any medical or services provided by  [ ]YES [ ]NO [ ]DK
			[ ]	DON'T KNOW (SKIP TO BC25c)	
C. The Medical Security	[ ]	Yes ->	[ ]	Yes->	BC27e. Was this child accepted? [ ] YES [ ] NO [ ] DK
Plan or MSP?	[ ]	No (SKIP TO BC29)	[ ]	No ->	BC28e. As far as you know, is this chile eligible to have any medical or services provided by  [ ]YES [ ]NO [ ]DK
			[ ]	DON'T KNOW (SKIP TO BC29)	

BC24. To the best of your knowledge, did this child's family pay for this medical care out of pocket, was it

BC30.	What is the most you think this child's family would be willing and able to pay each month for health care coverage?
	\$ PER MONTH
	[ ] DON'T KNOW
II.	Health Service Utilization (Child)
I have	a few questions about this child's use of health care services.
BC31.	In the last 12 months, was there ever a time when this child needed any type of medical care usually provided by a doctor, nurse, or other health care professional?
	[ ] YES [ ] NO (GO TO BC34)
BC32.	When medical care was needed, did this child always, usually, sometimes or never receive this care?
	[ ] ALWAYS (GO TO BC34) [ ] USUALLY [ ] SOMETIMES [ ] NEVER
BC33.	When medical care was <b>not</b> received, was cost of care a big reason, a small reason, or not a reason at all?
	<ul><li>[ ] BIG REASON</li><li>[ ] SMALL REASON</li><li>[ ] NOT A REASON AT ALL</li></ul>
BC34.	In the past 12 months, about how many times did this child receive care in a hospital emergency room?
	NUMBER OF TIMES:(IF 0, GO TO BC36)

BC35.	usı	nen this child made hospital emergency room visits, to the best of your knowledge were these visits hally paid for by the child's family out of pocket, were they provided for free, or were they paid for in the other manner?
	[	] PAID BY CHILD'S FAMILY ] PROVIDED FOR FREE: Where did they receive this care?
	[	PAID IN SOME OTHER MANNER: How was it paid for?
BC36.	(N	ot including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?
	[	] YES ] NO <b>(GO TO BC38)</b>
BC37.	usı	nen this child was a patient overnight in a hospital, to the best of your knowledge was the hospital stay nally paid for by the child's family out of pocket, were they provided for free, or were they paid for in me other manner?
	[	] PAID BY CHILD'S FAMILY ] PROVIDED FOR FREE: Where did they receive this care?
	[	] PAID IN SOME OTHER MANNER: How was it paid for?

BC38.	. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months how many times did this child make visits to a doctor's office for medical treatment?		
	NUMBER OF TIMES:(I	F 0 GO TO BC40)	
	[ ] DON'T KNOW		
BC39.	. To the best of your knowledge, were these visi provided for free, or were they paid for in some	ts paid by the child's family out of pocket, were they other manner?	
	[ ] PAID BY CHILD'S FAMILY [ ] PROVIDED FOR FREE: Where did they	receive this care?	
	[ ] PAID IN SOME OTHER MANNER: Ho	ow was it paid for?	
BC40.	. In the past 12 months was this child prescribed	medication by a doctor?	
	[ ] YES [ ] NO (GO TO QUESTION BC42a)		
BC41.	. Did you fill all, most, some, or none of these pr	rescriptions?	
	[ ] ALL [ ] MOST [ ] SOME [ ] NONE (GO TO QUESTION BC42a)		
BC42.	. To the best of your knowledge, were these pres where they provided for free, or were they paid	scriptions usually paid by the child's family out of pocket, for in some other manner?	
	[ ] PAID BY CHILD'S FAMILY [ ] PROVIDED FOR FREE: Where did they	receive this care?	

[	] PAID IN SOME OTHER MANNER:	How was it paid for?
BC42a.	During the last 12 months, how many times	s did this child see a dentist or dental hygienist?
	NUMBER OF VISITS	(IF 0 GO TO BC42c)
		pest of your knowledge were these visits usually paid for by you ovided for free, or were they paid for in some other manner?
[	PAID BY YOU/FAMILY/THAT PER PROVIDED FOR FREE: Where did the	
[	] PAID IN SOME OTHER MANNER:	How was it paid for?
	During the last 12 months, including treatm mental health services?	ent for substance abuse, how many times has this child received
	NUMBER OF TREATMENTS	(IF 0 GO TO BC43)
		vices, to the best of your knowledge were these visits usually et, were they provided for free, or were they paid for in some
	[ ] PAID BY YOU/FAMILY/THAT PE [ ] PROVIDED FOR FREE: Where did to	
Г	] PAID IN SOME OTHER MANNER:	How was it paid for?

II.	Health Status
I just	have a few more questions about this child's health status.
BC43.	(Not counting pregnancy,) does this child now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?
	[ ] YES [ ] NO (GO TO BC56)
BC44.	In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?
	NUMBER OF TIMES:
BC45.	Has this child been taking prescription medicine for at least 3 months for any of these conditions?
	[ ] YES [ ] NO
BC46.	Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in their everyday activities?
	[ ] YES [ ] NO (GO TO BC48)
BC47.	What condition is that? (Probe: Anything else?)
BC48.	In general, would you rate this child's overall health as excellent, very good, good, fair, or poor?
	<ul><li>[ ] EXCELLENT</li><li>[ ] VERY GOOD</li><li>[ ] GOOD</li><li>[ ] FAIR</li><li>[ ] POOR</li></ul>

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR UNINSURED CHILD SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

#### SENIOR PHARMACY PROGRAM - PERSONS OVER 65

#### **RANDOM SELECTION OF PERSON 65+**

#### IF NO ONE 65+, CHECK FLAP FOR NEXT NEEDED SECTION

If only one person 65+ in household, enter that person number on flap and ask questions about that person, beginning with Question C1. on next page.

If more than one person 65+ in household, do the following:

A) COMPUTE NUMBER OF PERSONS 65+ (CALCULATE FROM FLAP)

ENTER NUMBER HERE:

- B) CIRCLE NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW
- C) CIRCLE KISH TABLE 65+ NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW
- D) PLACE FINGER ON CIRCLED NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW, GO RIGHT UNTIL YOU COME TO COLUMN WITH CIRCLED KISH TABLE NUMBER, CIRCLE SELECTED PERSON INSIDE TABLE
- E) ENTER PERSON NUMBER OF SELECTED PERSON ON FLAP UNDER RANDOM SELECTION OF PERSON 65+

ENTER	KISH TABLE <b>65+</b> NUMBER (FROM LABEL)											
NUMBER OF ELIGIBLE	1	2	3	4	5	6	7	8	9	10	11	12
ADULTS 65+	INTERVIEW THE N-TH OLDEST ADULT 65 OR OVER:											
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5
6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

You have told me that there are people in this household 65 years old or older. I'd like to ask a few questions about yourself/the [age] year old [gender]. C1. Do you/Does this person have traditional Medicare, a Medicare HMO, such as Secure Horizons, First Seniority, Fallon Senior, or BlueCare 65 or some other type of health insurance? TRADITIONAL CARE ] MEDICARE HMO ] OTHER: What is that? C2. Are your/this person's benefits better, about the same, or worse than 12 months ago? ] BETTER ABOUT THE SAME (GO TO C3) ] WORSE DON'T KNOW (GO TO C3) C2a. What has changed in the benefits over the last 12 months? C3. Has the cost, pharmacy benefits, or anything else about your/this person's health insurance coverage changed over the past 12 months YES ] NO (**GO TO C4**) What changed? [PROBE FOR UP TO THREE ANSWERS] C3a. C3b. What caused the changes to occur?

Do you/Does this person currently have any health insurance coverage for prescription drugs?

C4.

] YES

1 2 4

C5.	In the past 12 months, did you/this person use any prescription drug	gs?					
	[ ] YES [ ] NO (GO TO D2)						
C6.	Out-of-pocket expense are payments you make for health care, other includes the costs of deductibles and copayments which are partial pacare or prescriptions.  In the <u>past month</u> , about how much did you/this person spend out of less than \$10, \$10 to \$50, \$51 to \$75, \$76 to \$100, or more than \$10	ayme f poc	ents y	ou m	ake to	o receive m	edical
	<ul> <li>[ ] LESS THAN \$10</li> <li>[ ] \$10-\$50</li> <li>[ ] \$51-\$75</li> <li>[ ] \$76-\$100</li> <li>[ ] MORE THAN \$100</li> <li>[ ] DON'T KNOW</li> </ul>						
C7.	In the past 12 months, were your/THIS PERSON'S costs for prescrip conditions, or for short term illnesses?	ption	drug	s mo	ore for	long term	chronic
	<ul><li>[ ] MORE FOR LONG TERM CHRONIC CONDITIONS</li><li>[ ] MORE FOR SHORT TERM ILLNESSES</li><li>[ ] ABOUT EQUAL</li></ul>						
C8.	[If C4=NO go to C9] In the past 12 months, was there ever a time w insurance coverage for prescription drugs?	hen :	you/t	his p	erson	did <u>not</u> hav	ve
	[ ] YES [ ] NO						
C9.	I am going to read you a list of possible sources which can help pay months, have any of the following helped pay for the costs of your/t	_		-		-	
		Y	ES	N	O	DON'T	KNOW
	a. Medigap, Medex Gold, Blue Cross/Blue Shield, Prudential	[	]	[	]	[	]
	<ul> <li>b. A Medicare HMO or Medicare Choice Plan such as Secure Horizons, Fallon Senior Plan, First Seniority, or Blue Care 65</li> </ul>	[	]	[	]	[	]
	c. MassHealth or Medicaid	[	]	[	]	[	]
	d. Private insurance from an employer	Г	1	Г	1	ſ	1

e. Prescription Advantage Plan	
e. Some other source	
What is that?	_

[65+ CHECK: CHECK 'COMPLETED' FOR 65+ SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

### **DEMOGRAPHICS SECTION**

D2.	[TO WHOM ARE YOU SPEAKING?]
	PERSON #:
D2a.	What is your zip code? ZIP CODE:
D2a1.	What is the name of the county you live in? COUNTY:
D2b.	What is the language spoken most often in your home?
	<ul> <li>[ ] ENGLISH</li> <li>[ ] SPANISH</li> <li>[ ] PORTUGUESE</li> <li>[ ] ASIAN LANGUAGES (CHINESE, MANDARIN, CANTONESE, KHMER, VIETNAMESE, JAPANESE, OTHERS)</li> <li>[ ] OTHER: GIVE LANGUAGE:</li></ul>
D2c.	Do you consider yourself to be Hispanic or Latino?
	[ ] YES [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2h] [ ] NO [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2h]
D2d.	Is everyone else in this household also Hispanic or Latino?
	[ ] YES (GO TO D2h) [ ] NO
D2e.	Which persons are <u>not</u> Hispanic or Latino?
	ENTER PERSON NUMBER:,,,,,
	, [GO TO D2h]
D2f.Is	anyone in the household Hispanic or Latino?
	[ ] YES [ ] NO <b>(GO TO D2h)</b>
D2g.	Which persons are Hispanic or Latino?
	ENTER PERSON NUMBER:,,,,,,

D2h.	(In addition to being Hispanic) Are you white, black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, or something else?
	<ul> <li>[ ] WHITE</li> <li>[ ] BLACK OF AFRICAN AMERICAN</li> <li>[ ] ASIAN</li> <li>[ ] AMERICAN INDIAN OR ALASKAN NATIVE</li> <li>[ ] NATIVE HAWAIIAN OR PACIFIC ISLANDER</li> <li>[ ] SOMETHING ELSE</li> </ul>
D2i.	Is there anyone in this household of a different race than you?
	[ ] YES [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2I] [ ] NO [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2I]
D2j.	Which persons are of a different race than you?
	ENTER PERSON NUMBER:,,,,,
D2k.	[FOR EACH PERSON LISTED IN D2j]
	t person white, black or African-American, Asian, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, or something else?

PERSON NUMBER	WHITE	BLACK	ASIAN	AMERICAN INDIAN	PACIFIC ISLANDER	SOMETHING ELSE
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

D21.	[Skip if single person household] Including those related through marriage or adoption how many people living in this household are related to you?
	NUMBER OF PEOPLE RELATED TO INFORMANT:
D2m.	The next questions are about income. We know that people aren't used to talking about their income, but we ask these questions to get an OVERALL statistical picture of your community, not to find out about you personally.
	Considering all family members 15 years old or older who are currently living in this household, what was your family's gross pretax income from all sources for the year 2001? (This includes money from jobs, net income from business, farm, or rent, pensions, dividends, interest, social security payments and any other money income.)
	\$ [GO TO D8]
	[ ] DON"T KNOW (GO TO D3a) [ ] REFUSED (GO TO D10)
[INTI	ERVIEWER CHECK: ADD 1 TO NUMBER IN D2c. ENTER ANSWER HERE: AND FOLLOW THE GO TO INSTRUCTIONS BELOW:
	IF 1, GO TO D3a IF 2, GO TO D3b IF 3, GO TO D3c IF 4, GO TO D3d IF 5, GO TO D3e IF 6, GO TO D3f IF 7, GO TO D3g IF 8, GO TO D3h IF 9, GO TO CHECK
D3a.	Was the total income in the year 2001 from all sources for your family greater or less than \$11,100?
	[ ] GREATER (GO TO D6a) [ ] LESS
D4a.	Was it greater or less than \$8,400?
	[ ] GREATER (GO TO D8) [ ] LESS
D5a.	Was it greater or less than \$2,800?
	[ ] GREATER(GO TO D8) [ ] LESS

D5a1. Was it greater or less than \$1,300?

D6a.	[ ] GREATER(GO TO D8) [ ] LESS(GO TO D8) Was it greater or less than \$16,700?
	[ ] GREATER [ ] LESS(GO TO D8)
D7a.	Was it greater or less than \$33,400?
	[ ] GREATER(GO TO D8) [ ] LESS(GO TO D8)
D3b.	Was the total income in the year 2001 from all sources for your family greater or less than \$15,000?
	[ ] GREATER (GO TO D6b) [ ] LESS
D4b.	Was it greater or less than \$11,300?
	[ ] GREATER (GO TO D8) [ ] LESS
D5b.	Was it greater or less than \$3,700?
	[ ] GREATER(GO TO D8) [ ] LESS
D5b1.	Was it greater or less than \$2,600?
	[ ] GREATER(GO TO D8) [ ] LESS(GO TO D8)
D6b.	Was it greater or less than \$22,500?
	[ ] GREATER [ ] LESS(GO TO D8)
D7b.	Was it greater or less than \$45,000?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3c.	Was the total income in the year 2001 from all sources for your family greater or less than \$18,800?
	[ ] GREATER (GO TO D6c) [ ] LESS

D4c.	Was it greater or less than \$14,200?
	[ ] GREATER (GO TO D8) [ ] LESS
D5c.	Was it greater or less than \$4,700?
	[ ] GREATER(GO TO D8) [ ] LESS
D5c1.	Was it greater or less than \$3,300?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6c.	Was it greater or less than \$28,300?
	[ ] GREATER [ ] LESS (GO TO D8)
D7c.	Was it greater or less than \$56,600?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3d.	Was the total income in the year 2001 from all sources for your family greater or less than \$22,700?
	[ ] GREATER (GO TO D6d) [ ] LESS
D4d.	Was it greater or less than \$17,100?
	[ ] GREATER (GO TO D8) [ ] LESS
D5d.	Was it greater or less than \$5,600?
	[ ] GREATER(GO TO D8) [ ] LESS
D5d1	. Was it greater or less than \$4,000?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6d.	Was it greater or less than \$34,000?

	[ ] GREATER [ ] LESS (GO TO D8)
D7d.	Was it greater or less than \$68,200?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3e.	Was the total income in the year 2001 from all sources for your family greater or less than \$26,500?
	[ ] GREATER (GO TO D6e) [ ] LESS
D4e.	Was it greater or less than \$20,000?
	[ ] GREATER (GO TO D8) [ ] LESS
D5e.	Was it greater or less than \$6,600?
	[ ] GREATER(GO TO D8) [ ] LESS
D5e1.	Was it greater or less than \$4,600?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6e.	Was it greater or less than \$39,900?
	[ ] GREATER [ ] LESS (GO TO D8)
D7e.	Was it greater or less than \$79,800?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3f.	Was the total income in the year 2001 from all sources for your family greater or less than \$30,400?
	[ ] GREATER (GO TO D6f) [ ] LESS
D4f.	Was it greater or less than \$22,900?
	[ ] GREATER (GO TO D8)

	[ ] LESS
D5f.	Was it greater or less than \$7,500?
	[ ] GREATER(GO TO D8) [ ] LESS
D5f1.	Was it greater or less than \$5,300?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6f.	Was it greater or less than \$45,700?
	[ ] GREATER [ ] LESS (GO TO D8)
D7f.	Was it greater or less than \$91,400?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3g.	Was the total income in the year 2001 from all sources for your family greater or less than \$34,200?
	[ ] GREATER (GO TO D6g) [ ] LESS
D4g.	Was it greater or less than \$25,700?
	[ ] GREATER (GO TO D8) [ ] LESS
D5g.	Was it greater or less than \$8,500?
	[ ] GREATER(GO TO D8) [ ] LESS
D5g1.	. Was it greater or less than \$6,000?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6g.	Was it greater or less than \$51,500?
	[ ] GREATER [ ] LESS (GO TO D8)

D7g.	Was it greater or less than \$103,000?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3h.	Was the total income in the year 2001 from all sources for your family greater or less than \$38,100?
	[ ] GREATER (GO TO D6h) [ ] LESS
D4h.	Was it greater or less than \$28,700?
	[ ] GREATER (GO TO D8) [ ] LESS
D5h.	Was it greater or less than \$9,500?
	[ ] GREATER(GO TO D8) [ ] LESS
D5h1.	Was it greater or less than \$6,700?
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)
D6h.	Was it greater or less than \$57,300?
	[ ] GREATER [ ] LESS (GO TO D8)
D7h.	Was it greater or less than \$114,600?
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)
D3i.	Was the total income in the year 2001 from all sources for your family greater or less than \$42,000?
	[ ] GREATER (GO TO D6i) [ ] LESS
D4i.	Was it greater or less than \$31,600?
	[ ] GREATER (GO TO D8) [ ] LESS
D5i.	Was it greater or less than \$10,400?

	[ ] LESS		
D5i1.	5i1. Was it greater or less than \$7,400?		
	[ ] GREATER (GO TO D8) [ ] LESS(GO TO D8)		
D6i.	Was it greater or less than \$63,100?		
	[ ] GREATER [ ] LESS (GO TO D8)		
D7i.	Was it greater or less than \$116,200?		
	[ ] GREATER (GO TO D8) [ ] LESS (GO TO D8)		
[IF O	NLY 1 PERSON 15+ IN HOUSEHOLD, GO TO D8a]		
D8.	Of all family members, which person had the highest earnings from jobs and businesses for the year 2001?		
	ENTER PERSON NUMBER		
D8a.	. About how much pretax income did you/this person earn in 2001 from all jobs and businesses.		
	\$		
	[ ] DON'T KNOW [ ] REFUSED <b>(GO TO D10)</b>		
[IF O	NLY 1 PERSON 15+ IN HOUSEHOLD, GO TO D10]		
D9.	Which person had the second highest earnings from jobs and businesses for the year 2001?		
	ENTER PERSON NUMBER		
D9a.	About how much pretax income did you/this person earn in 2001 from all jobs and businesses?		
	\$		
	[ ] DON'T KNOW [ ] REFUSED (GO TO D10)		

D10. Sometimes we like to re-contact respondents to ask them if they would like to take part in focus groups for which they might be paid, or simply to ask them a few short clarification questions. Would it be alright if we contacted you in the future for something like this?

[	] YES
[	] NO

## [INTERVIEWER CHECK: CHECK 'COMPLETED' FOR DEMOGRAPHIC SECTION ON FLAP, CHECK FLAP TO MAKE SURE <u>ALL</u> NEEDED SECTIONS ARE COMPLETED]

Thank you very much for your time and cooperation. Your answers will help planners better understand the ways in which people get health insurance and receive healthcare.

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